BRAAM SETTLEMENT IMPLEMENTATION PLAN

FEBRUARY 2006

Braam Oversight Panel

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The Braam Oversight Panel was created in 2004 to oversee a Settlement regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The named Plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998. The Settlement is intended to improve the conditions and treatment of children in the custody of the state's Division of Children and Family Services.

The Panel was created to monitor improvements in selected services and ensure quality standards are met over the next seven years. This independent Panel was mutually selected by the parties (the Plaintiffs who filed the lawsuit and the state of Washington). The Panel, working in collaboration with the Department of Social and Health Services (DSHS) and with substantial input from the Plaintiffs and other stakeholders, has developed this Implementation Plan for the six areas specified in the Settlement.

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Note: Preliminary documents were called "Design and Specification Reports." The Panel renamed the document as an "Implementation Plan."

Acknowledgements

The Panel conducted its work in public meetings during 2005. The members express their appreciation to the many individuals whose thoughtful comments informed this effort, including state employees, the non-profit community of providers, children's advocacy organizations, as well as parents and children.

I. EXECUTIVE SUMMARY

The Braam Oversight Panel was created in 2004 to oversee a Settlement regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation between the state of Washington and Plaintiffs' attorneys. The named Plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998.

The goal of the Settlement is to improve the "conditions and treatment of children in the custody of the state's Division of Children and Family Services." The Settlement covers six areas. The independent Panel has responsibility, in collaboration with Washington's Department of Social and Health Services (the Department), and with substantial input from Plaintiffs and other stakeholders, to develop outcomes, benchmarks, and action steps, and to monitor compliance for six areas:

- Placement stability
- Mental health services
- Foster parent training and information
- Unsafe or inappropriate placements
- Sibling separation
- Services to adolescents

The Settlement is a 16-page document with 14 goals. The Settlement incorporated over 50 provisions directly from the Department's comprehensive reform plan—Kids Come First II. This restructuring plan for children's services is described by the Department as an "aggressive effort to make long-lasting changes in the child welfare field [that] will further protect children and better address their medical and emotional needs."[1]

To a significant extent, the Settlement directs the Department to perform activities required under Washington State law. Since 1987, 30 laws have been passed directing policies and procedures included in the Settlement.

The Implementation Plan defines the specific and enforceable agreements required by the Settlement. The Panel will issue Monitoring Reports every six months for the period of the Settlement (through June 31, 2011).

[1] www1.dshs.wa.gov/geninfo/cws.html

II. OVERVIEW

The Braam Oversight Panel was created in 2004 to oversee a settlement agreement (Settlement) regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The parties to the Settlement include the Plaintiffs,[2] who filed the lawsuit, and the State of Washington, respondents to the lawsuit.

The final Settlement created an independent oversight panel (the "Panel") that was mutually selected by the parties. The members include:

- A former child welfare administrator;
- A child welfare researcher;
- An expert in children's mental health; and
- Two additional members.

To ensure the Panel's independence, its members and staff are not funded by the state.[3]

The Settlement directed the Panel to establish professional standards, outcomes, benchmarks, and action steps to improve the treatment of, and conditions for, children in the custody of DCFS, and to monitor the Department's performance under this Settlement (Settlement, page 1). The intent of the Settlement, and the Panel's work, is summarized on the first page of the Settlement:

> "The parties enter into this Agreement with the recognition that both parties and their counsel have committed to enter into specific, measurable, and enforceable agreements with the goal of improving the conditions and treatment of children in the custody of the Division of Children and Family Services."

Over 50 provisions from the Department's comprehensive reform plan for children's services—Kids Come First II—were incorporated directly into the Settlement. This plan assimilates the state's response to the Settlement, the Federal Child and Family Services Review, and the Gomez Fatality Review. The Department described the plan as a "bold long-term roadmap for creating and sustaining an improved child welfare system."[4]

Settlement Definitions

The Settlement defines the Plaintiff class as follows:

- **"Child" or "Children" in foster care** means children in the custody of DCFS. For the outcomes, benchmarks, and actions steps, this term refers to children in the Plaintiff Class, defined as all children in the custody of DCFS who are now or in the future will be placed by DCFS in three or more placements and those children in the custody of DCFS who are at risk of three or more placements. The Panel interprets this definition to include all children in the custody of DCFS.

[2] The Plaintiff's attorneys include Tim Farris, a Bellingham lawyer who initiated the case, Casey Trupin with Columbia Legal Services, and William Grimm with the National Center for Youth Law.
[3] Casey Family Programs has funded the Panel's activities and staffing.
[4] http://www1.dshs.wa.gov/pdf/ca/imp_compIntro.pdf

- **"Department"** means the Department of Social and Health Services. In terms of responsibilities related to the Settlement, the most relevant divisions are the Children's Administration and Health and Recovery Services (including the Division of Mental Health and the Division of Alcohol and Substance Abuse).

The Settlement established goals in six areas[5]:

- **Placement Stability**: Every child will have a safe and stable placement with a caregiver capable of meeting the child's needs.
- **Mental Health**: Children shall have initial physical and mental health screenings within 30 days of entry into care. The child's case plan will include plans to meet their special needs. Children shall receive timely, accessible, individualized, and appropriate mental health assessments and treatment by qualified mental health providers. Continuity of treatment providers will be maintained.
- **Foster Parent Training and Information**: Caregivers shall be adequately trained, supported, and informed about children in their care. The Department shall provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.
- **Unsafe/Inappropriate Placements**: All children shall be placed in safe placements. The state shall continue to meet or exceed the federal standard for out-of-home care.
- **Sibling Separation**: Placement of siblings together is presumed to be in the children's best interest unless there is a reasonable basis to conclude that the health, safety, or welfare of a child is put in jeopardy by the placement. Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur unless not in child's best interest.
- **Services to Adolescents**: Improve the quality and accessibility of services to adolescents. Improve the educational achievements of these adolescents and better prepare them to live independently. Reduce the number of adolescents on runaway status from foster care.

Collaboration and Consultation

The Settlement directs the Panel to conduct its work "in collaboration with the Department, and with substantial input from Plaintiffs, and other stakeholders as necessary" (Settlement, page 3). The Settlement also provides that "in carrying out all of its general and specific duties, the Panel shall make independent decisions based on professional judgment and guided by knowledge of effective practice and an understanding of the public child welfare system in the State of Washington" (Settlement, page 3). In the Panel's view, the statements regarding "in collaboration with and with substantial input from" and "independent decisions" establish a creative tension to its work. The Panel submits its reports for review and comment by the parties and other stakeholders, while reserving its independent and final decision-making for the structure, content, and wording of its reports.

The Settlement specifies that the Panel "will comply with the Open Public Meetings Act, the Public Disclosure Act and all applicable confidentiality statutes and regulations" (Settlement, page 5). All Panel meetings are open to the public.[6]

In preparing this document, the Panel conducted numerous public meetings and solicited comments from stakeholders and tribal representatives. While the Department is ultimately responsible for achieving the Settlement requirements, community providers play a significant role in service delivery

[5] The Final Settlement is available on the Braam Oversight Panel website: www.braampanel.org.
[6] Meeting schedules are available on the Braam Panel website: www.braampanel.org.

for children and families and have an important voice and perspective to offer both the Department and the Panel. Collaboration with parents, relatives, and tribal representatives will help ensure quality decision-making for children; numerous provisions in both KCF II and the Settlement outcomes and benchmarks reinforce this value.

Panel Work Products

Under the Settlement, the Panel issues the following types of documents:

- **Implementation Plan**[7] defining the specific and enforceable performances required by the Settlement; and
- **Monitoring (Progress) Reports** measuring progress toward the Settlement goals, outcomes, benchmarks, and action steps for each six-month period.[8]

Implementation Plan. Three preliminary reports were issued by the Panel in preparation for this document. A July 15, 2005 document covered the Panel's initial plans for two goal areas: Mental Health and Services for Adolescents. A September 8, 2005 document provided the preliminary Panel specifications in all areas. Finally, a November 22, 2005 document expanded the provisions regarding goal areas, including the initial proposals related to Professional Standards. The Implementation Plan incorporates many recommendations and responses to these documents from the parties and stakeholders.

Monitoring Reports. The Panel will publish progress reports every six months.

Benchmarks. The benchmarks are dates for measuring results that "advance the child welfare system toward a stated goal" (Settlement, p. 4, Benchmarks) set interim and final targets, relying on three types of data:

- Administrative computerized information systems;
- Case file abstracts pulled from a randomized sample of cases; and
- Statistically valid surveys.

In preparing this report, the Panel found it was unable to locate data or even estimates regarding current performance or outcomes. Rather than set arbitrary numbers, the Panel decided to require that the Department provide the needed data by certain dates. The Panel will use this data to set the current performance baseline. Most subsequent benchmarks are set as percentage increases/decreases from the current performance baseline. The Panel has chosen to use percentage increases from baseline, rather than setting numerical increases, to account for changes in the number of children in care and similar factors. While specific benchmark percentages are set in the Implementation Plan, the Panel reserves the right to adjust these percentages once the current performance baselines are determined.

[7] Previously titled "Design and Specifications Report."
[8] The Implementation Plan is released simultaneously to the parties and the public. In the case of Monitoring Reports, the parties have agreed that CA and the plaintiffs will receive preliminary reports and be given time to comment before the documents are released to the public. Panel reports released for public distribution will be posted on the website; individuals and organizations can sign up to receive email alerts when new material is posted.

Professional Standards

The Settlement calls for the Panel to establish professional standards. These standards are critical to the Settlement as they define the "nuts and bolts" practices, clarifying expectations for social workers as well as the state administration.

The professional standards are under development by the Panel. A revised version of this Implementation Plan will be issued to include the Professional Standards. When it is issued, this revised version will become the Panel's Implementation Plan and replace this version.

Other Considerations

Many provisions of the Settlement rely primarily on the performance of individuals—caseworkers, supervisors, community providers, foster parents. The Settlement anticipated this requirement with two key provisions: a plan to reduce caseloads for caseworkers to the standards set by the Council on Accreditation, and a focused effort to recruit and retain foster parents. The Panel is mindful of the significance of these provisions in ensuring safety and stability for foster care youth.

The Settlement was intended to improve the conditions and treatment of all children in foster care. Research reveals that children from certain racial/ethnic groups are disproportionately represented in Washington's foster care system and experience more negative outcomes than does the general population of children in foster care. The Panel designed specific benchmarks in the Plan that address racial/ethnic disproportionality in foster parent recruitment, mental health services, and educational achievement. The Panel will examine all outcomes in all goals by benchmarks in its monitoring reports if it determines that disproportionality exists for other outcomes.

Washington State's child welfare system has a history of geographical variability. The Panel intends that performance improve in all regions. To that end, the monitoring data will analyze progress toward the Settlement goals at two levels: 1) the state as a whole, and 2) by DCFS region. The Panel reserves the right to investigate monitoring results by DCFS offices when the data allows this level of analysis.

III. SETTLEMENT AREAS

III.A. PLACEMENT STABILITY

GOAL IN THIS AREA:

GOAL: Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child's needs.

GOAL: **Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child's needs.**

Outcome 1: Licensed relative and non-relative caregiver recruitment will improve significantly over the Settlement.

Benchmarks: A one-year baseline (see Glossary for "baseline") for FY 2005 will establish the average monthly number of licensed relative and non-relative beds[9] in active foster homes (see Glossary for "active") by region and for the state as a whole. Additional baseline reports will be generated for each of the following categories:

- Unlicensed relative caregivers;
- Racial/ethnic identification of principal caregiver;
- Caregivers with preferences/required equipment for specific age groups (infant, child, adolescent); and
- Level of care: regular family foster care, enhanced family foster care, therapeutic foster care, congregate care, respite care.

The number of beds in active licensed relative and non-relative foster care homes will increase yearly, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for pool of licensed beds	06/01/2006	08/01/2006
For FY 2006, pool of licensed beds will increase by 10% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, pool of licensed beds will increase by 20% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, pool of licensed beds will increase by 30% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, pool of licensed beds will increase by 40% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, pool of licensed beds will increase by 50% from baseline FY 2005	11/01/2010	02/01/2011

[9] "Beds" is used to denote actual capacity, i.e., the number of placements available for children in caregiver homes. To accurately assess capacity, the baseline is determined by the number of spaces (beds) available in each home, rather than on the number of active caregiver homes.

Outcome 2: The pool of non-relative caregivers will reflect the racial and ethnic diversity of children in the state for whom foster homes are needed.

Benchmark: A one-year baseline for FY 2005 will be established for the pool of non-relative caregivers who reflect the racial/ethnic diversity of children in the state for whom foster homes are needed, with analysis by region and for the state as a whole.

The pool of non-relative caregivers who reflect the racial/ethnic diversity of children in the state for whom foster homes are needed will increase yearly by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for pool of non-relative caregivers reflecting racial/ethnic diversity of children	06/01/2006	08/01/2006
For FY 2006, pool that reflects racial/ethnic diversity of children will increase 10% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, pool that reflects racial/ethnic diversity of children will increase 20% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, pool that reflects racial/ethnic diversity of children will increase 30% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, pool that reflects racial/ethnic diversity of children will increase 40% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, pool that reflects racial/ethnic diversity of children will increase 50% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 3: Licensed non-relative caregiver retention (see Glossary for "retention") will increase yearly by region and for the state as a whole, as specified in the table below.

Benchmarks: A one-year baseline for FY 2005 will establish the average number of years that licensed non-relative caregiver homes providing family foster care are active. The baseline will be set by region and for the state as a whole. An additional report will establish baselines by the race/ethnicity of the principal caregivers.

The average number of years that licensed non-relative caregiver homes providing family foster care are active will increase yearly by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for average retention years.	06/01/2006	08/01/2006
For FY 2006, average retention years will increase by 25% of a year (3 months) from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, average retention years will increase by 50% of a year (6 months) from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, average retention years will increase by 75% of a year (9 months) from baseline FY 2005	11/01/2008	02/01/2009

For FY 2009, average retention years will increase by 100% of year (12 months) from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, average retention years will increase by 125% of a year (15 months) from baseline FY 2005	11/01/2010	02/01/2011

Outcome 4: The percentage of children in custody for at least 30 days who experience three or more placements (not including respite care, hospital stays, first placement with siblings or first placement with relative caregivers) will be significantly reduced.

Benchmarks: A one-year baseline for FY 2005 will be established for percentage of the children who have experienced three or more placements during their current out-of-home episode of care (see Glossary for "current out-of-home episode of care"), by region and for the state as a whole.

The percentage of children who experience three or more placements during their current out-of-home episode of care will decrease yearly by region and for the state as a whole, as specified in the table below. A separate benchmark will be established if the percentage of children who experience three or more placement during their current out-of-home episode of care differs significantly between any of the five racial/ethnic categories for children in the class.

Benchmarks	**CA Provides Data Not Later Than**	**Monitoring Report Date**
For FY 2005, baseline set by Panel for percentage of children with three or more placements in current out-of-home episode of care.	06/01/2006	08/01/2006
For FY 2006, difference in percentage will decrease by 10% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, difference in percentage will decrease by 20% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, difference in percentage will decrease by 30% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, difference in percentage will decrease by 40% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, difference in percentage will decrease by 50% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 5: The percentage of children in custody for at least 30 days for whom there is evidence that the initial placement was based on needs of the child and the capacity of the placement to meet those needs will significantly increase.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage of children in custody for at least 30 days for whom there is evidence that the initial placement was based on needs of the child and the capacity of the placement to meet those needs, by region and for the state as a whole.

The percentage of children in custody for at least 30 days for whom there is evidence that the initial placement was based on needs of the child and the capacity of the placement to meet those needs, will increase yearly, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with matching of needs and placement ability to meet needs.	06/01/2006	08/01/2006
For FY 2006, the percentage with matching of needs and placement will increase by 15% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, the percentage with matching of needs and placement will increase by 30% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, the percentage with matching of needs and placement will increase by 45% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, the percentage with matching of needs and placement will increase by 60% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, the percentage with matching of needs and placement will increase by 75% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 6: The percentage of children with placement changes while in custody for at least 30 days, for whom there is evidence that replacement decisions were based on the needs of the child and the capacity of the placement to meet those needs, will significantly increase.

Benchmarks: A one-year baseline for FY 2007 will establish the percentage of children with placement changes while in custody for at least 30 days, for whom there is evidence that replacement decisions were based on the needs of the child and the capacity of the placement to meet those needs, will significantly increase.

The percentage of children in custody for at least 30 days for whom there is evidence that replacement decisions were based on the needs of the child and the capacity of the placement to meet those needs, will increase yearly by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2007, baseline set by Panel for percentage of children with replacement change where there is evidence of matching needs of child to placement capacity	11/01/2007	02/01/2008
For FY 2008, the percentage with matching of needs and placement will increase by 25% from baseline FY 2007	11/01/2008	02/01/2009
For FY 2009, the percentage with matching of needs and placement will increase by 50% from baseline FY 2007	11/01/2009	02/01/2010

Action Steps	Details and Deadlines
1. RFP for statewide foster parent recruitment	KCF II 24.1.1 Action Step 1(c)(1) in Settlement Implement the RFP for providing statewide foster parent recruitment. a. Review and select proposals (11/04) b. Develop performance measures (11/04) c. Develop implementation and communication plans (11/04) d. Orientation of staff and caregivers to regional/statewide recruitment program (1/05) e. Begin implementation of regional/statewide contracted recruitment program (1/05) f. Annual contract monitoring re contract performance measures and reporting of results (7/05)
2. Require multi-disciplinary case staffings for children in four or more placements	KCF II 6.1.1* Action Step 1(c)(2) in Settlement Require multi-disciplinary case staffings for children who have been in three or more placements to build an intensive case plan to improve placement stability. a. In collaboration with Tribes, LICWACS, and/or Indian Organizations, utilize CAMIS data on children in placement, length of stay and age of children, to develop a plan of implementation for review and approval of the Braam Panel (1/05) b. Braam Panel reviews and approves final plan (3/05) c. Communicate timeframes and guidelines to all social workers, supervisors and managers (5/05) d. Begin Phase I of the plan (conducting staffings for children in five or more placements) (5/05) e. Complete Phase I (5/06) f. Begin Phase II of the plan (conducting staffings for children in four or more placements) (5/06) g. Complete Phase II (5/07) h. Begin Phase III of the plan (conducting staffings for children on an ongoing basis for children in three or more placements) (5/07) * The current version of this section in KCF II is different than in the version of KCF II in existence at the time of the Settlement (5/31/2004).

3. Implement strategies to increase appropriate matching between children and caregivers at time of initial placement	KCF II 6.2.2* (originally 6.2.4) Action Step 1(c)(3) in Settlement Implement strategies to increase appropriate matching between children and caregivers at the time of initial placement (e.g., increase completion rate of Pre-Passports within required timeframes) a. Establish workgroup to develop strategies, including a process for how to track appropriate matching at the initial placement (12/04) b. CA Management reviews and approves strategies (5/05) c. Make necessary policy changes to support strategy implementation (8/05) d. Provide education/training to staff to support implementation of strategies (11/05) e. Begin implementation of strategies (12/05) f. Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/06) g. Initiate quarterly reporting to the field (12/06)
4. Develop and implement policy to provide emergency respite to licensed foster care and relative caregivers to prevent disruption	KCF II 6.1.3* (originally 6.1.2(a)) Action Step 1(c)(4) in Settlement Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service, to include in-home respite care for licensed foster parents a. Review and revise existing respite policy to provide immediate respite to resource families where placement is at risk of disruption (12/04) b. Complete assessment of regional needs (4/05) c. Develop regional respite capacity to support respite policy (7/05) d. Communicate revised respite policy to social workers, supervisors and resource families (8/05) e. Revise academy training program and foster parent pre-service training program to reflect revised respite policy (9/05)

Note: This action step was moved to Adolescent Services 5. Complete implementation plan for 2003 legislation to increase educational stability of foster children (HB 1058). Complete and implement agreements with school districts, addressing transportation issues for children transferring schools upon placement or move between placements	
6. Increase the appropriate use of kinship care	KCF II 8.3.2, 8.3.3, 21.1.1 (originally 20.1.1-21.1.2) Action Step 1(c)(6) in Settlement 8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to social workers and supervisors (3/05-5/05) d. Revise DLR academy training to reflect policy change (5/05) e. Implementation statewide (6/05) 8.3.3 Implement relative home study a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to staff (3/05-5/05) d. Implementation statewide (6/05) 21.1.1 Develop and implement revised policy framework for kinship care. a. Establish policy workgroup to: (9/04) • Develop policy providing access to services for non-licensed kinship care providers; and • Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements. b. CA Management reviews and approves recommendations (1/05) c. Make necessary policy changes to support framework. (4/05) d. Provide training to existing staff on policy framework and tools (5/05) e. Revise academy curriculum for new social workers to include kinship framework (6/05) f. Implement policy changes (7/05)

7. Revise and implement policy and procedure to provide for the involvement of children and parents in assessments, development of case plans and major decisions (including changes in placement)	KCF II 13.1.1 Action Step 1(c)(7) in Settlement Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process. a. Establish policy workgroup to review current policy and make recommendations for necessary revisions (12/04-4/05) b. CA Management reviews and approves of appropriate recommendations (4/05-6/05) c. Revise academy training and post-academy training on permanency to reflect policy changes (7/05) d. Provide training to social workers and supervisors on policy and procedure revisions (7/05-9/05) e. Implement policy revisions (10/05)
8. Develop and implement annual local office and/or regional, plans for the recruitment and retention of foster homes that specifically assess the need for and availability of placement for children with special needs, and for respite (especially for adolescents). Such plans shall specify the recruitment activities targeted at increasing the number of such homes. The plans shall contain numerical targets for increases each year in the number of homes in the special populations of children listed above, beginning in July 2005 until the target identified in the plans is met.	KCF II 24.1.3 (incorporated from Braam into KCF II) Action Step 1(c)(8) in Settlement Develop and implement state and regional resource management plans, including recruitment for minority, school based, sibling groups and adolescent resources a. Workgroup develop resource management plan template (9/04-10/04) b. Regions develop annual resource management plan (11/04-3/05)
9. Develop a plan by June 30, 2005 for Panel review and approval to reduce caseloads to COA standards.	KCF II 14.1.8 (incorporated from Braam into KCF II) Action Step 1(c)(9) in Settlement Develop a plan by June 30, 2005 for review and approval by the Braam Panel to reduce caseloads to COA standards a. Establish workgroup to develop plan and estimate costs/resources required (1/05) b. CA Management reviews and approves plan (5/05) c. Plan submitted to Braam Panel for review (6/05)

10. Notify child's representative (attorney/GAL/CASA) prior to placement move, except in emergencies. When a move has been made based on an emergency, the child's representative will be notified on the next business day.	KCF II 6.1.4 (incorporated from Braam into KCF II) Action Step 1(c)(10) in Settlement Notify child's representative (attorney/GAL/CASA) prior to placement move, except in emergencies. When a move has been made based on an emergency, the child's representative will be notified on the next business day a. Develop policy regarding notification to GAL/CASA (10/04) b. Communicate policy to social workers, supervisors and GAL/CASA of policy requirement (11/04) c. Implement policy (12/04)
11. A history of the child's placements will be reported to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP).	KCF II 6.1.5 (incorporated from Braam into KCF II) Action Step 1(c)(11) in Settlement Develop policy to require reporting of a child's placement history to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP). a. Utilizing workgroup from 7.1.6, review and revise ISSP and ISSP guidelines to provide clear history of child's placement (3/05) b. Distribute revised ISSP and ISSP guidelines to social workers and supervisors (9/05-12/05) c. Implement policy requirement to provide child's placement history to court at each dependency review hearing (1/06)
12. Consistent with the outcomes and benchmarks in Section IV.2, develop and begin to implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges. (By June 2005 develop RFP, award contracts and begin implementation of pilot projects)	KCF II 17.2.1 (incorporated from Braam into KCF II) Action Step 1(c)(12) in Settlement Develop and implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges a. Develop RFP (12/04) b. Publish RFP (1/05) c. Award contracts (3/05) d. Implement pilot programs (6/05)

13. Implement strategies to increase appropriate matching between children and caregivers for children who need to be replaced.	KCF II 6.2.3 (incorporated from Braam into KCF II) Action Step 1(c)(13) in Settlement Implement strategies to increase appropriate matching between children and caregivers for children who need to be replaced a. Utilizing workgroup from 6.2.2, develop strategies (12/06) b. CA management reviews and approves strategies (5/07) c. Make necessary policy changes to support strategy implementation (8/07) d. Provide education/training to staff to support implementation of strategies (11/07) e. Begin implementation of strategies (12/07) f. Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/08) g. Initiate quarterly reporting to the field (6/08)
14. Develop a plan for Panel review and approval, with input from plaintiffs, to provide multidisciplinary and/or case staffings for children in three or more placements	Action Step 1(c)(14) in Settlement Plan developed by January 15, 2005.

III.B. MENTAL HEALTH

GOALS IN THIS AREA:

GOAL 1: Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.

GOAL 2: Plans to meet the special needs of children in the custody of DCFS will be included in child's Individual Service and Safety Plan (ISSP).

GOAL 3: Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.

GOAL 4: Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.

GOAL 1: Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.

Outcome 1: Each child who enters DCFS custody will be screened for immediate and urgent medical, mental health, and substance abuse needs,[10] as well as any communicable diseases, by an appropriate health professional.

Benchmarks: 1. Children entering out-of-home care will have initial health screening within 72 hours of entering care.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2008, 65% of children will have initial health screening in 72 hours	11/01/2008	02/01/2009
For FY 2009, 80% of children will have initial health screening in 72 hours	11/01/2009	02/01/2010
For FY 2010, 95% of children will have initial health screening in 72 hours	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The Department will develop a plan for achieving and tracking Outcome 1 and meeting Council on Accreditation (COA) standard for children to receive an initial health screening within 72 hours of entering out-of-home care.	The plan will include, at a minimum: • Assessment of current practices (9/30/06) • Description of the screening process (including: identification of needs within 72 hours of entering care, location for screenings, elements of the screenings, who may conduct screenings, criteria for referring children who need immediate care or services, strategies for obtaining important medical information from parents or guardians, and other areas as determined by the Department)

[10] The CA guidelines for CHET indicate that substance abuse screening occur for persons 12 and older.

	• Implementation strategies—Regional and field offices will work with community-based health/mental health providers, agencies, foster parents, birth parents, and tribes to develop implementation strategies. Different solutions may be pursued in different locales, e.g., screening may be offered by different health professionals (DCFS nurses, nurse practitioners) and in different locations (public health department, emergency rooms, private doctors' offices) • Anticipated costs, potential funding strategies, and availability of professional resources
2. The plan for achieving Outcome 1 will be submitted to the Panel for review and approval.	3/30/07
3. The Department will begin to implement initial health screens.	10/30/07
4. The Department will track implementation to ensure that each child who enters out-of-home care receives an initial health screen.	Begin 10/07—continuous tracking

Outcome 2: Within 30 days of entering out-of-home care, each child's functioning in five life domains (physical/medical, education, family/social, developmental, and emotional/behavioral—including substance abuse behaviors) will be screened, and a plan for meeting his/her needs will be developed.

Benchmarks: 1. Children in out-of-home care 30 days or longer will have completed and documented Child Health and Education Track (CHET) screens within 30 days of entering care.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with CHET screens completed in 30 days	06/01/2006	08/01/2006
For FY 2006, 90% of children will have CHET screen completed within 30 days	11/01/2006	02/01/2007
For FY 2007, 95% of children will have CHET screen completed within 30 days	11/01/2007	02/01/2008
For FY 2008, 95% of children will have CHET screen completed within 30 days	11/01/2008	02/01/2009
For FY 2009, 95% of children will have CHET screen completed within 30 days	11/01/2009	02/01/2010
For FY 2010, 95% of children will have CHET screen completed within 30 days	11/01/2010	02/01/2011

2. Children in out-of-home care will have EPSDT exams completed within 30 days of entering care.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for children with EPSDT exams completed in 30 days	06/01/2006	08/01/2006
For FY 2006, 90% will have completed EPSDT exams within 30 days	11/01/2006	02/01/2007
For FY 2007, 95% will have completed EPSDT exams within 30 days	11/01/2007	02/01/2008
For FY 2008, 95% will have completed EPSDT exams within 30 days	11/01/2008	02/01/2009
For FY 2009, 95% will have completed EPSDT exams within 30 days	11/01/2009	02/01/2010
For FY 2010, 95% will have completed EPSDT exams within 30 days	11/01/2010	02/01/2011

3. Within 60 days of entering care, CA will conduct a Shared Planning Meeting (see Glossary) that focuses on the CHET screening results.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with Shared Planning Meetings that include the CHET staffing completed in 60 days	06/01/2006	08/01/2006
For FY 2006, 90% will have CHET Shared Planning meetings completed in 60 days	11/01/2006	02/01/2007
For FY 2007, 95% will have CHET Shared Planning meetings completed in 60 days	11/01/2007	02/01/2008
For FY 2008, 95% will have CHET Shared Planning meetings completed in 60 days	11/01/2008	02/01/2009
For FY 2009, 95% will have CHET Shared Planning meetings completed in 60 days	11/01/2009	02/01/2010
For FY 2010, 95% will have CHET Shared Planning meetings completed in 60 days	11/01/2010	02/01/2011

4. Children age 12 and above will attend the Shared Planning Meetings that focus on their CHET screening results.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children over 12 that attend their CHET Shared Planning Meeting	06/01/2006	08/01/2006
For FY 2006, 90% will attend	11/01/2006	02/01/2007
For FY 2007, 95% will attend	11/01/2007	02/01/2008
For FY 2008, 95% will attend	11/01/2008	02/01/2009
For FY 2009, 95% will attend	11/01/2009	02/01/2010
For FY 2010, 95% will attend	11/01/2010	02/01/2011

5. The CHET Shared Planning Meeting, held within 60 days of each child entering care, will be attended by one or more of the following: caregivers, birth parents/legal guardians, tribal representatives (when applicable), and children's representatives.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage attended (one or more indicated parties)	06/01/2006	08/01/2006
For FY 2006, 95% will be attended by one or more parties	11/01/2006	02/01/2007
For FY 2007, 100% will be attended by one or more parties	11/01/2007	02/01/2008
For FY 2008, 100% will be attended by one or more parties	11/01/2008	02/01/2009
For FY 2009, 100% will be attended by one or more parties	11/01/2009	02/01/2010
For FY 2010, 100% will be attended by one or more parties	11/01/2010	02/01/2011

6. Caregivers, birth parents, tribal representatives (when applicable), mental health and/or substance abuse providers (when applicable), and children's representatives will each be provided a copy of the CHET screening report and recommendations from the Shared Planning Meeting.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage provided copies	06/01/2006	08/01/2006
For FY 2006, 90% will be provided copies	11/01/2006	02/01/2007
For FY 2007, 95% will be provided copies	11/01/2007	02/01/2008
For FY 2008, 95% will be provided copies	11/01/2008	02/01/2009
For FY 2009, 95% will be provided copies	11/01/2009	02/01/2010
For FY 2010, 95% will be provided copies	11/01/2010	02/01/2011

7. Children under age three, identified with concerns about developmental delays in the CHET screening, will be referred to the Infant Toddler Early Intervention Program (ITEIP) within 2 workdays.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage referred within 2 workdays	06/01/2006	08/01/2006
For FY 2006, 90% will be referred	11/01/2006	02/01/2007
For FY 2007, 95% will be referred	11/01/2007	02/01/2008
For FY 2008, 95% will be referred	11/01/2008	02/01/2009
For FY 2009, 95% will be referred	11/01/2009	02/01/2010
For FY 2010, 95% will be referred	11/01/ 2010	02/01/2011

Action Step	Details and Deadlines
1. The Department will develop, and submit to the Panel for approval, a plan to review and ensure the quality of the CHET process that will address issues such as: • timeliness of completing CHET screens • timely receipt of educational records • well-child EPSDT exams completed within 30 days • quality of information collected in each of the 5 domains • effectiveness of the screening and assessment instruments used in CHET • use of data/information on a child that is received after the Shared Planning Meeting occurs • inclusion of parents, caregivers, youth (age 12 and over), tribal representatives (when applicable), and children's representatives in the CHET Shared Planning Meetings, and in developing Action Plans • determining whether CHET recommendations are followed and services are received • for children whose CHET recommendations are largely unrelated to services received, analyze reasons and suggest system improvements	The plan will be completed and submitted to the Panel for review by 12/30/06 The Department will begin implementation of the plan by 9/30/07 The Department will provide the Panel with annual reports on the results of the Quality Review beginning 9/30/08

GOAL 2: **Plans to meet the special needs of children in the custody of DCFS will be included in child's Individual Service and Safety Plan (ISSP).**

Outcome 1: The findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments of children will be used to develop and implement a service plan (the ISSP) for every child in care and to update the plan at least every six months.

Benchmarks: 1. Children will have documented health and education plans in their ISSPs within 60 days of placement.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with health and education plans in the ISSP	06/01/2006	08/01/2006
For FY 2006, 90% will have health and education plans in the ISSP	11/01/2006	02/01/2007
For FY 2007, 95% will have health and education plans in the ISSP	11/01/2007	02/01/2008
For FY 2008, 95% will have health and education plans in the ISSP	11/01/2008	02/01/2009
For FY 2009, 95% will have health and education plans in the ISSP	11/01/2009	02/01/2010
For FY 2010, 95% will have health and education plans in the ISSP	11/01/2010	02/01/2011

2. CA will update health and education plans every six months. These plans will be discussed/shared with caregivers, birth parents, tribal representatives (when applicable), children over age 12, and children's representatives, except when this would be in conflict with existing state law. This exception will be noted in the child's ISSP.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with updated health and education plans	06/01/2006	08/01/2006
For FY 2006, 90% will have updated health and education plans	11/01/2006	02/01/2007
For FY 2007, 95% will have updated health and education plans	11/01/2007	02/01/2008
For FY 2008, 95% will have updated health and education plans	11/01/2008	02/01/2009
For FY 2009, 95% will have updated health and education plans	11/01/2009	02/01/2010
For FY 2010, 95% will have updated health and education plans	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. CA will ensure that the health and education plan for each child is updated at a minimum every 6 months, in accordance with the Department's 6-month administrative review process. Changes in the plans will be discussed and shared with caregivers and birth parents.	By 12/30/06
2. The Department will develop, and encourage juvenile court judges to use, a checklist for each court review to prompt the Court to seek information on whether or not the physical health, mental health, substance abuse, educational, and cultural needs of dependent children are being met.	KCFII 17.1.8 Action Step 2(c)(6) in Settlement Complete draft checklist (09/30/05) Orient staff to checklist (10/30/05) Implement field utilization and court review (12/30/05) Review utilization of checklist by courts (06/30/07*)

* If the CA has not already completed and implemented the checklist according to the KCF II timeframes, the Panel recommends that the draft checklist be reviewed by court representatives prior to orientation of staff and implementation.

GOAL 3: **Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.**

Outcome 1: Each child who needs a comprehensive mental health assessment (see Glossary for "mental health assessment") will receive one.

Benchmarks: 1. Children entering out-of-home care, who are identified by the CHET screening as needing a comprehensive mental health assessment, will receive one within 45 calendar days of entering care.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children with assessments within 45 days	06/01/2006	08/01/2006
For FY 2006, 90% will have assessments within 45 calendar days	11/01/2006	02/01/2007
For FY 2007, 95% will have assessments within 45 calendar days	11/01/2007	02/01/2008
For FY 2008, 95% will have assessments within 45 calendar days	11/01/2008	02/01/2009
For FY 2009, 95% will have assessments within 45 calendar days	11/01/2009	02/01/2010
For FY 2010, 95% will have assessments within 45 calendar days	11/01/2010	02/01/2011

2. Comprehensive mental health assessments for children already in placement will be provided within 30 days of a request for an assessment.[11]

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of requests met within 30 days	06/01/2006	08/01/2006
For FY 2006, 90% of requests will be met within 30 days	11/01/2006	02/01/2007
For FY 2007, 95% of requests will be met within 30 days	11/01/2007	02/01/2008
For FY 2008, 95% of requests will be met within 30 days	11/01/2008	02/01/2009
For FY 2009, 95% of requests will be met within 30 days	11/01/2009	02/01/2010
For FY 2010, 95% of requests will be met within 30 days	11/01/2010	02/01/2011

[11] A request for an assessment may come from children who self identify or are identified by their caregiver, parent, social worker, medical provider, or through a valid screening mechanism, as needing one.

3. Children with emergent needs will be seen for crisis intervention with relevant assessment within 2 hours of the initial contact and request for intervention.[12]

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, 90% will be seen within 2 hours	11/01/2006	02/01/2007
For FY 2007, 95% will be seen within 2 hours	11/01/2007	02/01/2008
For FY 2008, 95% will be seen within 2 hours	11/01/2008	02/01/2009
For FY 2009, 95% will be seen within 2 hours	11/01/2009	02/01/2010
For FY 2010, 95% will be seen within 2 hours	11/01/2010	02/01/2011

4. Children with urgent needs will be seen for crisis intervention with relevant assessment within 24 hours of the initial contact and request for intervention.[13]

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, 90% will be seen within 24 hours	11/01/2006	02/01/2007
For FY 2007, 95% will be seen within 24 hours	11/01/2007	02/01/2008
For FY 2008, 95% will be seen within 24 hours	11/01/2008	02/01/2009
For FY 2009, 95% will be seen within 24 hours	11/01/2009	02/01/2010
For FY 2010, 95% will be seen within 24 hours	11/01/2010	02/01/2011

5. Children in out-of-home care will be screened for mental health and substance abuse needs[14] every 12 months.[15]

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage screened every 12 months	06/01/2006	08/01/2006
For FY 2006, 90% will be screened every 12 months	11/01/2006	02/01/2007
For FY 2007, 95% will be screened every 12 months	11/01/2007	02/01/2008
For FY 2008, 95% will be screened every 12 months	11/01/2008	02/01/2009
For FY 2009, 95% will be screened every 12 months	11/01/2009	02/01/2010
For FY 2010, 95% will be screened every 12 months	11/01/2010	02/01/2011

[12] In accordance with expectations set forth in 42 CFR 438.206(c)(1).
[13] Ibid
[14] The CA guidelines for CHET indicate that substance abuse screening occur for persons 12 and older.
[15] Screening may occur during annual EPSDT exams or by using another valid mental health screening instrument.

6. Screening and assessment results will be provided every 12 months to the following persons: parents, caregivers, tribal representatives (when applicable), children's representatives, and children over 12, except when expressly limited by existing state law or a child's lawful assertion of confidentiality. This exception will be noted in the child's ISSP.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage provided screening and assessment results every 12 months	06/01/2006	08/01/2006
For FY 2006, 90% will be provided results	11/01/2006	02/01/2007
For FY 2007, 95% will be provided results	11/01/2007	02/01/2008
For FY 2008, 95% will be provided results	11/01/2008	02/01/2009
For FY 2009, 95% will be provided results	11/01/2009	02/01/2010
For FY 2010, 95% will be provided results	11/01/2010	02/01/2011

Action Step	Details and Deadlines
Foster children's mental health and substance abuse (when applicable) needs will be periodically reassessed by professionals, as indicated in their EPSDT or other relevant evaluation	KCF II 17.1.7 Action Step 2(c)(5) in Settlement • Revise policy and procedures to include requirement for periodic re-assessment (3/05) • CA Management reviews and approves process (6/05) • Orient staff to new policy requirement (9/05-12/05) Implement new policy (12/05)

Outcome 2: Each child who needs comprehensive mental health and/or substance abuse services will receive the appropriate services.

Benchmarks: 1. Children will receive recommended services from a qualified mental health and/or substance abuse service provider within 30 days of the completion of an assessment recommending services.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children who receive recommended services within 30 days	06/01/2006	08/01/2006
For FY 2006, 90% will receive services within 30 days	11/01/2006	02/01/2007
For FY 2007, 95% will receive services within 30 days	11/01/2007	02/01/2008
For FY 2008, 95% will receive services within 30 days	11/01/2008	02/01/2009
For FY 2009, 95% will receive services within 30 days	11/01/2009	02/01/2010
For FY 2010, 95% will receive services within 30 days	11/01/2010	02/01/2011

2. Children with emergent or urgent needs (due to mental health and/or substance use disorder) will be served within the timeframes indicated in their assessments.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children who receive recommended services within the timeframes in their assessments	06/01/2006	08/01/2006
For FY 2006, 95% will be served within the timeframes	11/01/2006	02/01/2007
For FY 2007, 100% will be served within the timeframes	11/01/2007	02/01/2008
For FY 2008, 100% will be served within the timeframes	11/01/2008	02/01/2009
For FY 2009, 100% will be served within the timeframes	11/01/2009	02/01/2010
For FY 2010, 100% will be served within the timeframes	11/01/2010	02/01/2011

3. Children experiencing a crisis (due to mental health and/or substance use disorder) will receive crisis intervention services, when requested.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children in crisis who received appropriate services	06/01/2006	08/01/2006
For FY 2006, 90% of children in crisis will receive services	11/01/2006	02/01/2007
For FY 2007, 100% of children in crisis will receive services	11/01/2007	02/01/2008
For FY 2008, 100% of children in crisis will receive services	11/01/2008	02/01/2009
For FY 2009, 100% of children in crisis will receive services	11/01/2009	02/01/2010
For FY 2010, 100% of children in crisis will receive services	11/01/2010	02/01/2011

4. Clinical staffings will be held by the RSN and DCFS to develop an appropriate alternative plan and services for any child who is denied an assessment or treatment services by community-based mental health and/or substance abuse service providers.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children denied services who had clinical staffings and the Panel will review	06/01/2006	08/01/2006
For FY 2006, 90% of children denied will have staffings	11/01/2006	02/01/2007
For FY 2007, 100% of children denied will have staffings	11/01/2007	02/01/2008
For FY 2008, 100% of children denied will have staffings	11/01/2008	02/01/2009
For FY 2009, 100% of children denied will have staffings	11/01/2009	02/01/2010
For FY 2010, 100% of children denied will have staffings	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. CA will ensure that birth parents, foster parents, extended family, pre-adoptive parents, tribal representatives (when applicable), and children's representatives will be invited to participate in planning and decision-making regarding mental health and/or substance use services for their children (including staffings that are held when children are denied mental health and/or substance use assessments or treatment services by a provider), except when expressly limited by existing state law or a child's lawful assertion of confidentiality. Such exceptions will be documented in the ISSP.	By 12/30/2006
2. The Department will ensure that: • each child who experiences a crisis related to mental health or substance use disorders will have access to crisis intervention services through the 24-hour mental health crisis hotline. • all foster parents and caregivers are informed about how to access the 24-hour mental health crisis hotline). • any non-mental health/non-substance use calls will be referred to the foster parent after hours support line.	06/30/2006 06/30/2006 06/30/2006

3. The Department will provide notice to the child, child's caregiver, child's parent (when appropriate), tribal representative (when applicable), and child's representative of their right to request an administrative review of any denial or undue delay of an assessment or a service	06/30/2006

Outcome 3: Children and youth from diverse racial and ethnic minority backgrounds will have access to the same level and quality of services as those provided for all children in DCFS custody.

Benchmarks: 1. The quality and service level for children from diverse racial and ethnic backgrounds will increase yearly by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2008, baseline set by Panel for quality and service level for children from diverse racial and ethnic backgrounds compared to all children	06/01/2008	08/01/2009
For FY 2009, quality and service level for children from diverse racial and ethnic backgrounds will improve by 40%	11/01/2009	02/01/2010
For FY 2010, quality and service level for children from diverse racial and ethnic backgrounds will improve by 50%	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The Department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds.	• The Department and plaintiffs recommend to Panel the services and outcomes to track (by region) (06/30/06) • Panel reviews tracking plan (09/30/06) • CA begins tracking (12/30/06) • First tracking report completed (12/30/07) • Panel reviews first report and sets baselines and benchmarks for each ethnic minority group (03/30/08) • Dissemination of report statewide (06/30/08)
2. The Department will ensure that translation and interpretation services, or providers who speak the language of the child or parent, will be available for all children, their parents, and other caregivers who need such assistance in order to benefit from mental health and/or substance use services. Children will not serve as interpreters for their parents or other family members.	By 6/30/2007

Additional Action Steps for Goal 3	Details and Deadlines
1. Improve availability and utilization of regional medical consultants.	KCF II 16.2.1 (originally 16.1.4) Action Step 2(c)(1) in Settlement • Identify clear roles and responsibilities of regional medical consultants (12/04) • Provide regional medical consultant for each region (.5 FTE/region) (5/05) • Communicate to staff about roles and responsibilities of medical consultants and how to access their services (6/05) • Review utilization history to determine how to increase effectiveness of consultants with lower utilization rates (6/30/06)
2. In collaboration with community partners, utilizing CHET or any successor model, CA will identify regional service gaps and create plans to fill gaps through maximizing and developing local resources.	KCF II 16.1.4 (originally 17.1.2) Action Step 2(c)(3) in Settlement • Establish regional workgroups (12/04) • Workgroups report out recommendations and plans (06/05) • Regional management teams review plans and approve recommendations (9/2005) • Begin implementation of approved portions of regional plans (10/05)
3. Implement newly developed agreements with each Regional Support Network.	KCF II 17.1.4 Action Step 2(c)(4) in Settlement • MOU between CA and Mental Health • Access to care standards • In coordination with regional offices, establish schedule for informational sessions (10/04) • Develop materials for sessions (03/05) • Begin implementation of schedule for informational sessions (05/05) • Conduct informational sessions on agreements in every region with particular focus on foster parents (12/30/05)

4. The Department's contracts for community-based mental health and substance abuse services will specify that failure to assess or serve children in foster care within required timeframes will require documentation to the Mental Health Division and the Children's Administration. This documentation will be reviewed by the Department to determine if the contract language needs clarification for the Settlement goals to be accomplished. The Department will provide on a semi-annual basis to the Panel a summary of the number of denials by RSNs and the reasons for those denials.	Begin semi-annual reporting to Panel 11/01/06
5. For children who are not eligible for assessment and/or treatment services within Medicaid Standards of Care, the Department (CA and MHD) will identify and implement strategies to provide alternative plans, assessments, and treatment services for these children. The Department will provide on a semi-annual basis to the Panel a summary of the number of children not eligible within Medicaid Standards of Care and the types of alternative services provided for these children.	Begin semi-annual reporting to Panel 11/01/06
6. Implement Shared Planning Policy	• Increase utilization of Shared Planning Meetings to identify child and family needs and connect to services and resources (6/30/06) • Review and report on progress to Panel on a semi-annual basis (begin 11/01/06)
7. The Department will complete an annual review of the status of mental health and substance abuse services for children in foster care and use the findings from the review to address service gaps and system problems to develop services and to expand the use of evidence-based models of service, where applicable.	The Department will publish the review and plan annually, beginning in November 2007. The annual review will identify by region both achievements in foster children receiving services and any deficiencies. The Department will establish plans to increase the achievements and reduce the deficiencies. The review and plans will be based in part on service data; direct feedback from children, parents, and caretakers; and reports generated through the action steps in the Settlement and the Braam Implementation Plan.

GOAL 4: Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.

Outcome 1: Each child with documented receipt of two or more behavioral health treatment encounters shall receive services from the same individual provider, to the greatest extent possible, for each episode of mental health treatment and/or substance use treatment (from admission to discharge), unless it is not in the child's best interest.[16]

Benchmarks: 1. Each child will receive behavioral health services from the same individual provider.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for the percentage of children served by the same provider	11/01/2006	02/01/2007
For FY 2007, 70% of the children will be served by the same provider	11/01/2007	02/01/2008
For FY 2008, 80% of the children will be served by the same provider	11/01/2008	02/01/2009
For FY 2009, 90% of the children will be served by the same provider	11/01/2009	02/01/2010
For FY 2010, 90% of the children will be served by the same provider	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The Department will work with RSNs to develop and implement policy that discourages assigning short-term interns as the primary treatment providers for children in foster care.	• Develop the policy and share it with the Panel (9/06) • Panel review and approve policy (12/06) • Implement the policy (9/05)
2. The Department will explore and implement additional strategies for increasing the likelihood that a child in foster care will have the same individual provider for the course of his/her mental health and/or substance use care.	• Explore strategies used in WA and other states (09/06) • Discuss potential strategies with Panel (12/06) • Implement agreed upon strategies (3/07)

[16] This outcome is intended to ensure that the mental health treatment process does not contribute to the lack of continuity and instability that children in the class often experience. However, it is not meant to prohibit a change in providers when such a change is clinically indicated (e.g., a child's needs or diagnosis changes, and he/she needs a therapist with different expertise; or, a child asks to change providers). It is not intended to discourage the use of clinical teams when the type of service being provided calls for clinical teamwork, nor to discourage access to providers of crisis services when a child's own treatment provider is not available. The outcome is intended to reduce the practice of changing therapists simply for administrative reasons (e.g., assigning short-term interns as therapists, transferring child due to therapist's high caseload, payment issues, etc.).

III.C. FOSTER PARENT TRAINING AND INFORMATION

GOALS IN THIS AREA:

GOAL 1: Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.

GOAL 2: The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.

GOAL 1: Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.

Outcome 1: The percentage of licensed relative and non-relative caregivers annually reporting adequate training for their role responsibilities (including, but not limited to, management of emotional, behavioral and medical problems, educational advocacy, strategies for engagement with birth parents, and cultural competency skills) will significantly improve over the Settlement.

Benchmarks: A point-in-time baseline, conducted during 2007, will establish the percentage of licensed relative and non-relative caregivers reporting adequate training for their role responsibilities, by region and for the state as a whole.

The percentage of licensed relative and non-relative caregivers reporting adequate training for their role responsibilities will increase yearly by 10% until a 90% benchmark is reached by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2007, baseline set by Panel for caregiver perceived adequacy of training	06/01/2007	08/01/2007
For FY 2008, caregiver perception of adequacy of training will increase by 10% over baseline FY 2007	06/01/2008	08/01/2008
For FY 2009, caregiver perception of adequacy of training will increase by 20% over baseline FY 2007	06/01/2009	08/01/2009
For FY 2010, caregiver perception of adequacy of training will increase by 30% over baseline FY 2007	06/01/2010	08/01/2010
For FY 2011, caregiver perception of adequacy of training will increase by 40% over baseline FY 2007	06/01/2011	08/01/2011

Outcome 2: The percentage of licensed relative and non-relative caregivers annually reporting adequate support for their role responsibilities (including, but not limited to, crisis support, timely notification about case planning meetings, and cultural competency resources) will significantly improve over the Settlement.

Benchmarks: A point-in-time baseline, conducted during 2007, will establish the percentage of licensed relative and non-relative caregivers reporting adequate support for their role responsibilities, by region and for the state as a whole.

The percentage of licensed relative and non-relative caregivers reporting adequate support for their role responsibilities will increase yearly until a 90% benchmark is reached, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2007, baseline set by Panel for caregiver perceived adequacy of support	06/01/2007	08/01/2007
For FY 2008, caregiver perception of adequacy of support will increase by 10% over baseline FY 2007	06/01/2008	08/01/2008
For FY 2009, caregiver perception of adequacy of support will increase by 20% over baseline FY 2007	06/01/2009	08/01/2009
For FY 2010, caregiver perception of adequacy of support will increase by 30% over baseline FY 2007	06/01/2010	08/01/2010
For FY 2011, caregiver perception of adequacy of support will increase by 40% over baseline FY 2007	06/01/2011	08/01/2011

Outcome 3: The percentage of licensed relative and non-relative caregivers annually reporting adequate provision of information about the needs of children placed with them (including, but not limited to, behavioral, medical, and educational needs) will significantly improve over the Settlement.

Benchmarks: A point-in-time baseline conducted during 2007 will establish the percentage of licensed relative and non-relative caregivers reporting adequate provision of information about the needs of children placed with them, by region and for the state as a whole.

The percentage of licensed relative and non-relative caregivers reporting adequate provision of information about the needs of children placed with them will increase yearly until a 90% benchmark is reached, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2007, baseline set by Panel for caregiver perceived adequacy of information	06/01/2007	08/01/2007
For FY 2008, caregiver perception of adequacy of information will increase by 10% over baseline FY 2007	06/01/2008	08/01/2008
For FY 2009, caregiver perception of adequacy of information will increase by 20% over baseline FY 2007	06/01/2009	08/01/2009
For FY 2010, caregiver perception of adequacy of information will increase by 30% over baseline FY 2007	06/01/2010	08/01/2010
For FY 2011, caregiver perception of adequacy of information will increase by 40% over baseline FY 2007	06/01/2011	08/01/2011

GOAL 2: **The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.**

Outcome 1: The percentage of licensed relative and non-relative caregivers completing in-service training will increase significantly over the Settlement.

Benchmarks: A one-year baseline for FY 2005 will be established for the percentage of licensed relative and non-relative caregivers completing 36 hours of in-service training for each three-year period, by region and for the state as a whole.

The percentage of foster parents completing 36 hours of in-service training for each three-year period will increase yearly, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of licensed caregivers completing in-service training	06/01/2006	08/01/2006
For FY 2006, percentage of licensed caregivers completing in-service training will increase by 10% over baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of licensed caregivers completing in-service training will increase by 20% over baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of licensed caregivers completing in-service training will increase by 30% over baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of licensed caregivers completing in-service training will increase by 40% over baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage of licensed caregivers completing in-service training will increase by 50% over baseline FY 2005	11/01/2010	02/01/2011

Outcome 2: The percentage of licensed relative and non-relative caregivers reporting receiving annual assessment and development plans (as specified in Action Step 7) will increase significantly over the Settlement.

Benchmarks: A one-year baseline for FY 2006 will be established for the percentage of licensed relative and non-relative caregivers reporting receiving an annual assessment and development plan (as specified in Action Step 7), by region and for the state as a whole.

The percentage of licensed relative and non-relative caregivers reporting receiving an annual assessment and development plan (as specified in Action Step 7) will increase yearly, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for percentage of licensed caregivers reporting receiving annual assessment and development plan	06/01/2007	08/01/2007
For FY 2007, percentage of licensed caregivers reporting receiving annual assessment and development plan will increase by 10% over baseline FY 2006	11/01/2007	02/01/2008
For FY 2008, percentage of licensed caregivers reporting receiving annual assessment and development plan will increase by 20% over baseline FY 2006	11/01/2008	02/01/2009
For FY 2009, percentage of licensed caregivers reporting receiving annual assessment and development plan will increase by 30% over baseline FY 2006	11/01/2009	02/01/2010
For FY 2010, percentage of licensed caregivers reporting receiving annual assessment and development plan will increase by 40% over baseline FY 2006	11/01/2010	02/01/2011

Action Steps*	Details and Deadlines
1. The Children's Administration will contract with the Social and Economic Sciences Research Center (SESRC) at Washington State University to develop and conduct an independent, statistically valid, anonymous survey of foster parents and relative caregivers that is conducted annually concerning all areas of the Settlement related to caregiver's work with foster children and associated outcomes and action steps. In developing the survey design, tool, and procedures, the SESRC shall consult with the Panel, the Washington State Foster Parent's Association, the CA Youth Advisory Group, the foster parent liaison staff in CA, and a group of five DCFS staff selected by CA.	Survey planning completed by 10/1/06 Survey reviewed and approved by Panel by 12/1/06 First survey results to Panel by 6/01/07 Second survey results to Panel by 6/01/08 Third survey results to Panel by 6/01/09 Fourth survey results to Panel by 6/01/10 Fifth survey results to Panel by 6/01/11

* Action Steps overlap with more than one goal area, so they are grouped together in this section.

2. Implement statewide after-hours crisis support line for foster parents and other caregivers	KCF II 6.2.1 (originally 23.1.3) Action Step 3(c)(1) in Settlement Implement statewide after hours support crisis line for foster parents and caregivers a. Review current models for after hours support already in existence and develop strategies to take statewide (9/04) b. Develop program criteria (9/04) c. Hire and provide training to staff operating the program (11/04) d. Communicate with staff, caregivers and community partners (12/04) e. Create and provide "crisis cards" to foster parents (12/04) f. Implement program (5/05) g. Initiate quarterly progress reports to the field (9/05)
3. Develop and implement cross-training between foster parents and staff	KCF II 22.1.2 Action Step 3(c)(2) in Settlement Develop and implement cross-training between foster parents and staff (e.g., teamwork, problem resolution) a. Develop training curriculum (9/04-12/04) b. Pilot training (1/05-2/05) c. Provide statewide training to social workers and foster parents (3/05-9/05)
4. Require written notification to licensed foster parents and relative caregivers and provide support to increase their participation in meetings, staffings and hearings involving planning for children in their care	KCF II 22.2.2* (originally 22.1.3) Action Step 3(c)(3) in Settlement Require notification to all resource families and provide support to increase participation and provide input in all meetings, staffings (including Child Protection Teams) and hearings involving planning for the children in their care a. Establish policy workgroup, including Child Protection Teams, to draft recommended policy revisions, including the automated process for notification, the tools for how that notification is to be conducted, and where notification is to be documented. Policy workgroup will further draft the cover letter for the ISSP which specifies date of hearing and definitions of "right to be heard" and "input" (12/04) b. Work group reports out draft recommendations (3/05) c. Begin development of an electronic process for tracking notification to foster parents of court hearings (4/05)

	d. CA Management reviews and approves recommendations (4/05) e. Provide orientation to all resource families and staff (5/05-8/05) f. Implement policy statewide (9/05) g. Implement electronic system changes statewide (10/05) h. Establish baseline for notification compliance and set performance measure (12/05) i. Initiate six month reports to the field on levels of compliance and participation (6/05)
5. Implement RFP for providing statewide crisis support and other immediate support for licensed foster parents and relative caregivers	KCF II 23.1.1* (originally 23.1.2) Action Step 3(c)(4) in Settlement Implement the RFP for providing statewide foster parent support and recruitment a. Complete regional recruitment needs assessments (8/04) b. Develop recruitment performance expectations for contracts (8/04) c. Finalize Recruitment and Retention RFP (includes regional, minority, sibling groups, adolescents and children with special needs) (9/04) d. Issue Recruitment and Retention RFP (9/04) e. Review and select proposals (11/04) f. Concurrently develop implementation and communication plans (11/04) g. Begin implementation of regional/statewide contracted recruitment & retention services contracts (1/05) h. Orientation of staff and caregivers to regional/statewide contracted support services (first stage implementation) (1/05) i. Review every six months (7/05)
6. Provide training for licensed foster parents and relative caregivers on policy revisions and engaging families and children	KCF II 4.2.3* (originally 13.1.1c) Action Step 3(c)(5) in Settlement Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers a. Establish planning group to develop training curriculum and training schedule (9/04) b. Complete development of training curriculum and publish training schedule (12/04) c. Provide regional based training to contract provider staff (1/05-4/05)

7. DLR licensors develop and implement annual assessment and development plans for foster parents, and relative caregivers utilizing feedback and input from DCFS workers, foster parents, and relative caregivers	KCF II 6.2.5 (originally 23.1.6) Action Step 3(c)(6) in Settlement DLR Licensors develop and implement annual assessment and development plans for foster parents, utilizing feedback and input from DCFS workers (Braam Panel added: "foster parents and relative caregivers" to end of sentence). The following benchmarks were subject to 2005 budget request: a. Workgroup develops evaluation tool and procedures (1/05-3/05) b. Establish evaluation schedule and monitoring system (6/05) c. Budget appropriations (7/05) d. Train licensing staff (7/05) e. Orientation for staff and foster parents (8/05) f. Begin annual evaluations (9/05) g. Complete cycle of evaluations (9/07) h. Report annually (9/06, 9/07)
8. Develop and implement a policy requiring ongoing training for licensed foster parents	KCF II 40.2.1 Action Step 3(c)(7) in Settlement Develop and implement a policy requiring ongoing training for caregivers including engagement training as identified in section 14.3.1 a. Workgroup develops policy recommendations (10/04) b. CA Management reviews and approves recommendations (11/04) c. Adjust learning system data base to track compliance with policy requirements (12/04) d. Communicate policy to staff and caregivers (12/04) e. Implement policy (1/05) f. Initiate quarterly progress reports to the field (6/05)

9. Licensed foster parents and relative caregivers shall be provided with the results and recommendations of all of the Department's screenings and assessments, including the Pre-Passport or its successor, for children placed in their home five days after its completion, unless expressly limited by law or a child's lawful assertion of confidentiality. Licensed foster parents and relative caregivers shall be provided a copy of the child's passport or its successor at the time of placement but no later than five days after its completion, unless expressly limited by law or a child's lawful assertion of confidentiality.	KCF II 16.3.1, 16.3.2 Action Step 3(c)(8) in Settlement 16.3.1 Provide licensed foster parents and relative caregivers with child's Passport at time of placement or not later than five days after completion a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Initiate six month reporting (1/06) 16.3.2 Provide licensed foster parents and relative caregivers with results and recommendations of all screenings/ assessments for children placed in their home within five days of completion a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Report out every six months (1/06)
10. Licensed foster parents and relative caregivers will be encouraged and supported to participate in staffings of pre-passports (or successor) for children placed in their homes.	KCF II 22.2.2 Action Step 3(c)(9) in Settlement Require notification to all resource families and provide support to increase participation and provide input in all meetings, staffings (including Child Protection Teams), and hearings involving planning for the children in their care a. Establish policy workgroup, including Children's Administrative Technology Services (CATS), to draft recommended policy revisions, including the automated process for notification, the tools for how that notification is to be conducted, and where notification is to be documented. Policy workgroup will further draft the cover letter for the ISSP which specifies date of hearing and definitions of "right to be heard" and "input" (12/04)

	b. Work group reports out draft recommendations (3/05) c. Begin development of an electronic process for tracking notification to foster parents of court hearings (4/05) d. CA Management reviews and approves recommendations (4/05) e. Provide orientation to all resource families and staff (5/05-8/05) f. Implement policy statewide (9/05) g. Implement electronic system changes statewide (10/05) h. Establish baseline for notification compliance and set performance measure (12/05) i. Initiate six-month reports to the field on levels of compliance and participation (6/05)
11. Department shall provide appropriate access to respite care for caregivers requesting and needing this service.	KCF II 23.1.4 Action Step 3(c)(10) in Settlement Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service (Refer to 6.1.3 for timelines)
12. The Department shall develop a plan, subject to review and approval of the Panel, for training of unlicensed caregivers	KCF II 40.3.2 Action Step 3(c)(11) in Settlement Develop a plan, subject to review and approval of the Braam Panel, for training of unlicensed caregivers a. Establish workgroup to develop plan and estimate costs/resources required (1/06) b. CA Management reviews and approves plan (5/06) c. Plan submitted to Braam panel for review (6/06)

III.D. UNSAFE/INAPPROPRIATE PLACEMENTS

GOALS IN THIS AREA:

GOAL 1: All children in DCFS's custody shall be placed in safe placements.

GOAL 2: The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.

GOAL 1: All children in DCFS's custody shall be placed in safe placements.

Outcome 1: Children will not be placed in institutions not designed to receive foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage (and absolute number) of children placed in prohibited settings, by region and for the state as a whole.

There will be a sharp decrease from FY 2005 in the percentage (and absolute number) of children placed in prohibited settings, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005 baseline set by Panel for percentage and number of children placed in prohibited settings	06/01/2006	08/01/2006
For FY 2006, percentage and number of children placed in prohibited settings will decrease 90% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage and number of children placed in prohibited settings will decrease 95% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage and number of children placed in prohibited settings will remain at 100% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage and number of children placed in prohibited settings will remain at 100% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage and number of children placed in prohibited settings will remain at 100% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 2: The percentage (and absolute number) of children who have overnight stays at DSHS offices or in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child as indicated in the Department's October 10, 2004 memo to CA staff,[17] or youth with Independent Living Plans authorizing such placement) will decrease significantly by region and for the state as a whole, over the Settlement.

[17] See Appendix B: Children's Administration Placement Prohibitions Memo.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage (and absolute number) of children who have overnight stays at DSHS offices or in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child as indicated in the Department's October 10, 2004 memo to CA staff, or youth with Independent Living Plans authorizing such placement), by region and for the state as a whole.

There will be a sharp yearly decrease from baseline FY 2005 in the percentage (and absolute number) of children who have overnight stays at DSHS offices or in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child as indicated in the Department's October 10, 2004 memo to CA staff, or youth with Independent Living Plans authorizing such placement), by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage (and absolute number) of children with overnight stays in non-licensed settings	06/01/2006	08/01/2006
For FY 2006, the percentage (and absolute number) of children with overnight stays in non-licensed settings will decrease 50% from FY 2005 baseline	11/01/2006	02/01/2007
For FY 2007, the percentage (and absolute number) of children with overnight stays in non-licensed settings will decrease 75% from FY 2005 baseline	11/01/2007	02/01/2008
For FY 2008, the percentage (and absolute number) of children with overnight stays in non-licensed settings will decrease 95% from FY 2005 baseline	11/01/2008	02/01/2009
For FY 2009, the percentage (and absolute number) of children with overnight stays in non-licensed settings will remain not less than 95% under FY 2005 baseline	11/01/2009	02/01/2010
For FY 2010, the percentage (and absolute number) of children with overnight stays in non-licensed settings will remain not less than 95% under FY 2005 baseline	11/01/2010	02/01/2011

Outcome 3: All placements involving children with a history of sexually aggressive (SAY) or physically assaultive (PAY) behavior will follow the prohibitions and safety measures set forth in the Department's October 10, 2004 memo to CA staff from the Assistant Secretary, by region and for the state as a whole.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage (and absolute number) of children (with a history of sexually aggressive or physically assaultive behavior with other children) where the protective measures in the Department's October 10, 2004 memo are met in each placement decision and fully documented. The baseline will be set by region and for the state as a whole.

There will be a sharp decrease from baseline FY 2005 in the percentage (and absolute number) of children (with a history of sexually aggressive or physically assaultive behavior with other children) placed without adherence to the provisions of the October 10, 2004 memo, by region and for the state as a whole.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage (and number) of children with history of SAY and/or PAY placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers	06/01/2006	08/01/2006
For FY 2006, percentage (and number) of children placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers will decrease by 95% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage (and number) of children placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers will remain at 100% below baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage (and number) of children placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers will remain at 100% below baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage (and number) of children placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers will remain at 100% below baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage (and number) of children placed without appropriate regional assessment for vulnerable children and/or specific training for caregivers will remain at 100% below baseline FY 2005	11/01/2010	02/01/2011

Outcome 4: The percentage of children who are medically fragile (see Glossary for "medically fragile") connected to appropriate and ongoing medical care and placed with caregivers who receive consultation and training regarding their caretaking responsibilities for the medical condition will significantly increase, by region and for the state as a whole.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage of medically fragile children connected to appropriate and ongoing medical care and placed with caregivers who receive consultation and training regarding their caretaking responsibilities for the medical condition, by region and for the state as a whole.

The percentage of medically fragile children connected to appropriate and ongoing medical care and placed with caregivers who receive consultation and training regarding their caretaking responsibilities for the medical condition will increase yearly, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities	06/01/2006	08/01/2006
For FY 2006, the percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities will increase by 25% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, the percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities will increase by 50% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, the percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities will increase by 75% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, the percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities will increase by 95% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, the percentage of medically fragile children connected to appropriate medical care and placed with caregivers with medical consultation and training for their role responsibilities will not be less than 95% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 5: The percentage of children who receive a private and individual face-to-face visit from the caseworker at least every 30 days will increase significantly by region and for the state as a whole.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage of children receiving a private and individual face-to-face visit from the caseworker for each full placement month, by region and for the state as a whole.

The percentage of children receiving a private and individual face-to-face visit from the caseworker for each full placement month will increase yearly over baseline FY 2005 until a 95% benchmark is reached, by region and for the state as a whole.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children receiving monthly caseworker visit	06/01/2006	08/01/2006
For FY 2006, percentage of children receiving monthly caseworker visit will increase to 75% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of children receiving monthly caseworker visit will increase by 85% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of children receiving monthly caseworker visit will increase to 95% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of children receiving monthly caseworker visit will be not less than 95% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2009, percentage of children receiving monthly caseworker visit will be not less than 95% from baseline FY 2005	11/01/2010	02/01/2011

GOAL 2: **The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.**

Outcome 1: CA will meet or exceed the federal out-of-home safety standard (.0057) using the appropriate measurement protocol.

Benchmark: No benchmark is necessary since standard has been met already and the outcome contains the single necessary benchmark.

Outcome 2: All referrals alleging child abuse and neglect of children in out-of-home care will receive thorough investigation within CA policy timelines and with required documentation, including safety assessment and safety planning tools, by region and for the state as a whole.

Benchmarks: A one-year baseline for FY 2005 will establish the percentage of referrals alleging child abuse and neglect of children in out-of-home care that received thorough investigation within CA policy timelines and with required documentation by the Division of Licensing Resources, including safety assessment and safety planning, by region and for the state as a whole. Summary annual reports to the Panel will include: 1) characteristics of the alleged victimization (e.g., age, gender, perpetrator, type of out-of-home setting), 2) outcomes of the investigation (e.g., time from referral to completion of investigation, including any removal action or licensing decisions) by region and for the state as a whole.

The percentage of referrals alleging child abuse and neglect of children in out-of-home care that receive thorough investigation within CA policy timelines and with required documentation, including safety assessment and safety planning tools will be 100%, by region and for the state as a whole.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources	06/01/2006	08/01/2006
For FY 2006, percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources will be 100%	11/01/2006	02/01/2007
For FY 2007, percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources will be 100%	11/01/2007	02/01/2008
For FY 2008, percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources will be 100%	11/01/2008	02/01/2009
For FY 2009, percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources will be 100%	11/01/2009	02/01/2010
For FY 2010, percentage of child abuse and neglect referrals in out-of-home care receiving thorough investigation by Division of Licensing Resources will be 100%	11/01/2010	02/01/2011

Action Steps	Details
1. Increase contact between social worker and family, child and caregivers to at least once every 30 days	KCF II 14.1.2 (originally 11.1.2) Action Step 4(c)(1) in Settlement For children placed in out-of-home care, develop and implement a policy to require 30-day visits between social worker and parents, and social worker and child IN ALL CASES This action step and following benchmarks are subject to 2005 budget request a. Utilizing policy workgroup from 14.1.1, develop policy recommendations (3/05-5/05) b. Workgroup reports out recommendations (5/05) c. CA Management reviews and approves policy recommendations (6/05) d. Budget decisions (7/05) e. Provide orientation to staff, caregivers and community partners on new policy requirement (7/05-9/05) f. Revise new social worker academy training to support new policy and practice guidelines (9/05) g. Based on available funding, implement policy changes (10/05) h. Establish baseline for compliance with policy changes and set performance measure (3/06) i. Initiate quarterly reporting to the field (6/06)
2. Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care	KCF II 14.1.6 Action Step 4(c)(2) in Settlement Review and revise policy requiring social workers to visit all children in their placement within the first week in out-of-home care a. Establish workgroup to review and revise policy (6/05) b. Orient staff to new policy requirement (8/05) c. Begin implementation of new policy (10/05) d. Establish regional baselines and set performance measure (6/06) e. Initiate quarterly reporting to the field (6/06)
3. A face-to-face safety assessment with a child suspected to be a victim of child abuse or neglect while in the Department's custody shall occur within 24 hours of the report for emergent cases, and within 72 hours of the report	KCF II 1.1.5-1.1.8* (originally 1.1.4, 1.1.5) Action Step 4(c)(3) in Settlement 1.1.5 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect,

for non-emergent cases.	while in the custody of CA, within 24 hours for referrals of child abuse and/or neglect rated as emergent. a. Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04) b. CA Management reviews and approves recommendations (1/05) c. Communicate policy changes with staff (2/05) d. Policy becomes effective and is implemented statewide (3/05) e. Establish baseline for compliance with policy change and set performance measure (6/05) f. Initiate quarterly progress reports to the field (9/05) 1.1.6 – exact same language, except says "DCFS social workers" 1.1.7 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 72 hours for referrals of child abuse and/or neglect rated as non-emergent. a. Define expectation and practice guidelines for social workers to make first attempt for face-to-face contact with child victims on cases rated as non-emergent within 5 days from the date of referral (12/04) b. Review and report on progress towards compliance with expectation/practice guidelines (3/05) c. Establish policy workgroup to develop policy for increasing face-to-face contacts to 72 hours for all non-emergent referrals (6/05) d. CA Management reviews and approves recommendations (10/05) The following benchmarks are subject to 2005 budget request: e. Implement policy for increasing face-to-face contact to 72 hours for all non-emergent referrals (12/05) f. Establish baseline for compliance with policy change and set performance measure (3/06) g. Initiate quarterly reporting to the field offices, including a review of progress towards achieving the goal (6/06)

4. Children in the custody of the Department will not be placed in: • Institutions not designed to receive foster children, such as adult mental hospitals or detox facilities where children and adults are commingled • A foster home without specialized training and support to provide for the safety of children in the home when sexually aggressive or physically assaultive children reside in the home • DSHS offices, including repeated daily stays at DSHS offices	Action Step 4(c)(4) in Settlement

III.E. SIBLING SEPARATION

GOALS IN THIS AREA:

GOAL 1: **Placement of siblings together is presumed to be in the children's best interest, unless there is a reasonable basis to conclude that the heath, safety or welfare of a child is put in jeopardy by the placement.**

GOAL 2: **Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.**

GOAL 1: **Placement of siblings together is presumed to be in the children's best interest, unless there is a reasonable basis to conclude that the heath, safety or welfare of a child is put in jeopardy by the placement.**

Outcome 1: Placement with siblings will increase significantly.

Benchmarks: A one-year baseline for FY 2006 will establish the percentage of children in the class placed with (1) any siblings and (2) all siblings, for children placed in regular licensed relative and non-relative foster care, for the state as a whole and for each of the six regions. An additional baseline report will be generated for race/ethnicity of principal caregiver.

The percentage of children placed with any siblings will increase yearly, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for percentage of children placed with any siblings	11/01/2006	02/01/2007
For FY 2007, percentage of children placed with any siblings will increase by 10% from baseline FY 2006	11/01/2007	02/01/2008
For FY 2008, percentage of children placed with any siblings will increase by 20% from baseline FY 2006	11/01/2008	02/01/2009
For FY 2009, percentage of children placed with any siblings will increase by 30% from baseline FY 2006	11/01/2009	02/01/2010
For FY 2010, percentage of children placed with any siblings will increase by 40% from baseline FY 2006	11/01/2010	02/01/2011

The percentage of children placed with all siblings who are in regular licensed foster care will increase yearly, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for percentage of children placed with all siblings	11/01/2006	02/01/2007
For FY 2007, percentage of children placed with all siblings will increase by 5% from baseline FY 2006	11/01/2007	02/01/2008
For FY 2008, percentage of children placed with all siblings will increase by 10% from baseline FY 2006	11/01/2008	02/01/2009
For FY 2009, percentage of children placed with all siblings will increase by 15% from baseline FY 2006	11/01/2009	02/01/2010
For FY 2010, percentage of children placed with all siblings will increase by 20% from baseline FY 2006	11/01/2010	02/01/2011

GOAL 2: **Frequent and meaningful contact between siblings in foster care who are not placed together and/or those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.**

Outcome 1: The percentage of children placed apart from their siblings who have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings will significantly increase over the Settlement. If the CA determines that visitation/contact poses a risk to the child's health/safety or welfare, this finding shall be entered into the files and must be approved by the supervisor.

Benchmarks: A one-year baseline for FY 2006 will establish the percentage of children placed apart from their siblings who have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings, by region and for the state as a whole. An additional baseline report will be generated for racial/ethnic categories.

The percentage of children placed apart from their siblings who have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings, will increase yearly until the benchmark of 95% is reached, by region and for the state as a whole, as specified in the table below.

Benchmarks	CA Provides Data Not Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for percentage of children placed apart from siblings who have two or more monthly visits or contacts with any siblings	11/01/2006	02/01/2007
For FY 2007, percentage of children placed apart from siblings who have two or more monthly visits or contacts with any siblings will increase by 10% from baseline FY 2006	11/01/2007	02/01/2008
For FY 2008, percentage of children placed apart from siblings who have two or more monthly visits or contacts with any siblings will increase by 20% from baseline FY 2006	11/01/2008	02/01/2009
For FY 2009, percentage of children placed apart from siblings who have two or more monthly visits or contacts with any siblings will increase by 30% from baseline FY 2006	11/01/2009	02/01/2010
For FY 2010, percentage of children placed apart from siblings who have two or more monthly visits or contacts with any siblings will increase by 40% from baseline FY 2006	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. Increase quality and frequency of visits between children and their siblings	KCF II 18.1.1* Action Step 5(c)(1) in Settlement Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04-12/04) • *When visitations can be unsupervised,* • *When visitations can be outside of the DCFS office,* • *When visitations can be outside DCFS office hours, and* • *Who is able to supervise visits* • *How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care.* • *How the visitation issues will be addressed in other staffings and supervisory conferences* • *Guidelines for documentation of visits for social workers and contracted service providers* b. Workgroup reports out recommendations (12/04) c. CA Management reviews and approves framework and policy recommendations (1/05) d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05-4/05) e. Implement policy changes upon training (2/05-4/05) f. Report out quarterly on progress (6/05-6/07)

2. Improve kinship support services	KCF 8.3.2, 8.3.3, 21.1.1* (originally 8.1.2) Action Step 5(c)(2) in Settlement 8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to social workers and supervisors (3/05-5/05) d. Revise DLR academy training to reflect policy change 5/05) • Implementation statewide (6/05) 8.3.3 Implement relative home study a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to staff (3/05– 5/05) d. Implementation statewide (6/05) 21.1.1 Develop and implement revised policy framework for kinship care. a. Establish policy workgroup to: (9/04) • Develop policy providing access to services for non-licensed kinship care providers; and • Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements. b. CA Management reviews and approves recommendations (1/05) c. Make necessary policy changes to support framework. (4/05) d. Provide training to existing staff on policy framework and tools (05/05) e. Revise academy curriculum for new social workers to include kinship framework (6/05) f. Implement policy changes. (7/05)

3. Hire and train relative search staff to support finding relative resources and supporting Family Team Meetings	KCF II 8.3.4 Action Step 5(c)(3) in Settlement Hire and train relative search staff to support finding potential relative resources and Family Team Decision Making Meetings by: • Completing relative/father searches • Identifying Tribal/Band affiliation • Completing caregivers initial assessment The following benchmarks are subject to 2005 budget request: a. Budget decisions (7/05) b. Hire and train relative search staff (10/05) c. Implement (11/05)
4. Implement case conferences prior to dispositional hearing, as required by 2004 legislation	KCF II 13.1.6 (originally 13.1.7) Action Step 5(c)(4) in Settlement Implement case conferences prior to dispositional hearing, as required by 2004 legislation (refer to 7.1.5 for timeline)
5. Develop and implement policies and protocols regarding visitation to children, parents, and siblings	KCF II 18.1.1 (Note: The first action step in this section also references 18.1.1) Action Step 5(c)(5) in Settlement Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04-12/04) • *When visitations can be unsupervised,* • *When visitations can be outside of the DCFS office,* • *When visitations can be outside DCFS office hours, and* • *Who is able to supervise visits* • *How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care.* • *How the visitation issues will be addressed in other staffings and supervisory conferences* • *Guidelines for documentation of visits for social workers and contracted service providers*

	b. Workgroup reports out recommendations (12/04) c. CA Management reviews and approves framework and policy recommendations (1/05) d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05-4/05) e. Implement policy changes upon training (2/05-4/05) f. Report out quarterly on progress (6/05-6/07)
6. Submit and, if approved, implement Title IV-E Demonstration Waiver to develop and deliver kinship supports	KCF II 38.1.3 Action Step 5(c)(6) in Settlement
7. Pursuant to plans developed under KCFII, implement strategies to recruit additional licensed foster care and relative caregivers willing and able to accommodate sibling groups	KCF II 24.1.1 Action Step 5(c)(7) in Settlement Implement the RFP for providing statewide foster parent recruitment. a. Review and select proposals b. Develop performance measures c. Develop implementation and communication plans d. Orientation of staff and caregivers to regional/statewide recruitment program e. Begin implementation of regional/statewide contracted recruitment program f. Annual contract monitoring re contract performance measures and reporting of results

III.F. SERVICES TO ADOLESCENTS

GOALS IN THIS AREA:

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint.[1]

GOAL 2: Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.

GOAL 3: Reduce the number of adolescents on runaway status from foster care.

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint.[18]

Action Steps	Details and Deadlines
1. Adolescents, their family members, and other significant individuals identified by the adolescent, will be offered the opportunity and be encouraged and assisted to participate in planning and decision-making regarding their own services and placement, except when this would be in conflict with existing state law or clinically contraindicated. Such exceptions are to be documented in ISSP.	CA policy development (7/31/07) Training (10/31/07) Implementation (4/01/08)
2. Develop an integrated, re-designed service model for adolescents	KCF II 19.1.1 Action Step 6(c)(1) in Settlement In collaboration with other DSHS Administrations and community partners, develop an integrated, re-designed service model for adolescents. This action step and the following benchmarks are subject to 2005 budget request a. Workgroup develops recommendations for a redesigned service model for adolescents including budget (9/04-6/05) b. CA Management review (6/05-8/05) c. Recommendations and budget proposal reviewed by DSHS Cabinet (8/05) d. Budget appropriated (9/06) e. Begin implementation of re-designed service model (11/06) f. Complete implementation of re-designed service model (8/07)

[18] This section of the Plaintiff's Fifth Amended Complaint is included as Appendix A.

3. Establish Youth Advisory Group.	KCF II 19.1.7 Action Step 6(c)(8) in Settlement Establish Youth Advisory Group a. Develop model for youth advisory group (12/04) b. Locate and establish initial youth advisory members (1/05) c. Train youth advisory group (2/05) d. Begin youth advisory group meetings (to be conducted regularly) (4/05)

GOAL 2: Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.

Outcome 1: The percentage of school-aged children enrolled or attending school within three school days of entering care or changing placements will significantly increase.

Benchmarks: A one-year baseline for FY 2005 will be established for the percentage of school-age children enrolled in or attending school within three school days of entering care or changing placements.

The percentage of school-age children enrolled in or attending school within three school days of entering care or changing placements will increase yearly over FY 2005 baseline.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of children enrolled/attending school within 3 days	06/01/2006	08/01/2006
For FY 2006, percentage of children will increase by 10% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of children will increase by 20% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of children will increase by 30% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of children will increase by 40% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage of children will increase by 50% from baseline FY 2005	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. DCFS will request the school records of all school age children immediately upon the child entering care (or changing placements, if the placement change requires a change in schools).	June 1, 2006
2. The Department will collect data to determine which children are not enrolled within the time limits and the reasons. The data will be at a level whereby CA can influence and change practices if necessary. This data will be used by the CA to make practice improvements in DCFS and to advocate for system improvements related to the goal; it will be shared with the Panel annually.	June 1, 2007

Outcome 2: The percentage of school-age children whose placement allowed them to remain enrolled in the same school they were attending when they entered foster care will be significantly improved.

Benchmarks: A one-year baseline for FY 2005 will be established for the percentage of school-aged children whose placement allowed them to remain enrolled in the same school they were attending when they entered foster care.

The percentage of school-age children whose placement allowed them to remain enrolled in the same school they were attending when they entered foster care will increase yearly from baseline FY 2005.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for children enrolled in same school	06/01/2006	08/01/2006
For FY 2006, the percentage of school-age children remaining in the same school will increase by 10% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, the percentage of school-age children remaining in the same school will increase by 20% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, the percentage of school-age children remaining in the same school will increase by 30% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, the percentage of school-age children remaining in the same school will increase by 40% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, the percentage of school-age children remaining in the same school will increase by 50% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 3: Foster children will be at the age-appropriate grade, consistent with their developmental and/or cognitive abilities, or making substantial progress in that direction.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for difference in educational achievement between foster care population and general population.	06/01/2006	08/01/2006
For FY 2010, the difference between educational achievement by foster care population and general population will be significantly increased from baseline.	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The CA will replicate the 2001 WSIPP study *Educational Attainment of Foster Youth: Achievement and Graduation Outcomes for Children in State Care* for school-age children in foster care three months or longer in FY 2005, with inclusion of WASL performance for 4th, 7th and 10th grades and all other variables in the study. The study may be done by CA following the methods used in the 2001 study, or contracted to WSIPP or another research organization. The study will be replicated every two years over the Settlement.	• Plan to Panel regarding intent to perform work within DSHS or contract (6/01/06) • First study completed (11/01/08) • Follow-up studies (11/01/08, 12/01/10)
2. Establish educational outreach positions to assist children in out-of-home care in meeting K–12 educational objectives and preparing for higher education goals.	KCF II 15.3.4 (originally 15.1.3) Action Step 3(c)(7) in Settlement Work with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership plan, which includes establishing six regional educational outreach positions, who will serve as liaisons to assist children (16-18 year olds) in out-of-home care in meeting higher education goals. a. In collaboration with Washington Education Foundation, complete Foster Care to College Partnership proposal (10/04) b. Seek 3-year grant funding (10/04-2/05) c. Based on funding, begin implementation of the Foster Care to College Partnership plan (4/05) d. Report on implementation (9/05) e. Annual evaluation report (completed each year of the 3-year grant funding) (6/06, 6/07, 6/08)
3. Offer caregivers training on educational advocacy skills	KCF II 15.4.1 (originally 15.1.5) Action Step 3(c)(9) in Settlement Develop and distribute educational brochures and/or information packets in collaboration with the education sector (*packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools*) a. In collaboration with OSPI, develop packet contents (10/04) b. Consolidate work products developed from HB 1058 workgroups for inclusion in packets (3/05)

	c. Customize information to target respective areas (6/05) d. Revise/draft CA policy to include distribution of material and to clarify roles of youth and caregivers (6/05) e. Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers, and court (9/05) f. Begin implementation of distribution plan (12/05)
4. Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care.	KCF II 15.2.3d* (originally 15.1.2) Action Step 3(c)(10) in Settlement (Note: this section doesn't fully encompass the AS from the Settlement, but it is the closest) d. Regional coordinators work with community partners to develop regional plans, including existing community resources and tutoring/mentoring programs (12/05)
5. The Department will collect information on school attendance, truancies, suspensions, and expulsions about youth in foster care in Washington, and will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements related to this goal.	June 1, 2008
6. DCFS will document each child's credit accumulation and Grade Point Average at each placement change and at the end of each school year in conjunction with the annual educational review in the ISSP. When placement changes disrupt credit acquisition, DCFS will work with the releasing and enrolling school districts to develop a plan for the child to complete credits.	June 1, 2007

* The current version of this section in KCF II is different than in the version of KCF II in existence at the time of the Settlement (5/31/2004).

Outcome 4: The percentage of youth with a high school diploma will increase to the rate/percentage of youth in the state's general population who receive high school diplomas (adjusted for developmental level and socio-demographic characteristics).

Benchmarks: A one-year baseline for FY 2007 will establish the percentage of youth with a high school diploma (adjusted for developmental level and socio-demographic characteristics). A comparable percentage of school-age children in the general population with a high school diploma will be determined, with an analysis of differences (adjusted for developmental level and socio-demographic characteristics by region).

The percentage of youth with a high school diploma compared to general population youth will increase yearly over baseline FY 2007.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2007, Baseline set by Panel for percentage of youth with high school diploma	11/01/2007	02/01/2008
For FY 2008, percentage of youth will increase by 10% from baseline FY 2007	11/01/2008	02/01/2009
For FY 2009, percentage of youth will increase by 20% from baseline FY 2007	11/01/2009	02/01/2010
For FY 2010, percentage of youth will increase by 30% from baseline FY 2007	11/01/2010	02/01/2011

Outcome 5: Of those youth exiting high school without a high school diploma, the percentage of youth with a GED will be comparable to the rate/percentage of youth in the state's general population who receive GEDs (adjusted for demographics such as urban and rural demographics).

Benchmarks: A one-year baseline for FY 2007 will be established for the percentage of youth with a GED and the percentage of youth in the state's general population who receive GEDs (adjusted for developmental level, and socio-demographic characteristics).

The proportion of youth exiting foster care having a GED in comparison to general population youth will increase yearly over baseline FY 2007.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2007, baseline set by Panel for percentage of youth with GED	11/01/2007	02/01/2008
For FY 2008, percentage of youth will increase by 10% from baseline FY 2007	11/01/2008	02/01/2009
For FY 2009, percentage of youth will increase by 20% from baseline FY 2007	11/01/2009	02/01/2010
For FY 2010, percentage of youth will increase by 30% from baseline FY 2007	11/01/2010	02/01/2011

Outcome 6: While in custody, each child will be prepared to live independently.

Benchmarks: A one-year baseline for FY 2006 will be established for the percentage of youth who are 15 years of age and older and have received or are receiving the age-appropriate services in preparation for independent living; to include the following at a minimum: Ansell Casey Life Skills Assessment yearly, Independent Living-Learning Plan updated yearly and coordinated with responsible school district if the youth is receiving special education services, and multi-disciplinary staffings for youth six months before exit. Reports will include comparisons by racial/ethnic group.

The percentage of youth who are 15 years of age and older and receive the age-appropriate services in preparation for independent living will increase yearly over baseline FY 2006.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2006, baseline set by Panel for percentage of youth prepared for independent living	11/01/2006	02/01/2007
For FY 2007, percentage of youth will increase by 10% from baseline FY 2006	11/01/2007	02/01/2008
For FY 2008, percentage of youth will increase by 20% from baseline FY 2006	11/01/2008	02/01/2009
For FY 2009, percentage of youth will increase by 30% from baseline FY 2006	11/01/2009	02/01/2010
For FY 2010, percentage of youth will increase by 40% from baseline FY 2006	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The Department of Social and Health Services will establish a joint planning process with its relevant divisions to identify foster children with developmental disabilities and develop individualized transition plans to ensure linkages to appropriate agencies during each child's transition to adulthood.	June 1, 2007
2. To help youth prepare for adulthood, DCFS will ensure that each child who is 15 or older takes the Ansell Casey Life Skills Assessment (ACLSA), or a similar assessment tool, and the appropriate supplements for sub-populations. Youth ages 15 or older who remain in custody for more than one year will take the ACLSA annually.	January 1, 2007
3. Each youth who is 15 or older will have a written Independent Living-Learning Plan aimed at assisting with the transition to adult life that is prepared with significant involvement by the youth in identifying and selecting options, and can be vetoed by the youth if the plan does not accurately reflect his or her thinking. The plan will be based on ACLSA assessment results and address the strengths and potential of the youth. The plan will be established whether or not the child is enrolled with an ILP contract agency.	January 1, 2007
4. For youth 16 or older receiving special education services under the IDEA, the Independent Living-Learning plan will be developed in coordination with the responsible school district in order to coordinate planning and services for successful independence.	June 1, 2007

5. The Department will propose strategies to the Panel to result in sufficient capacity of ILP contractors serving youth aged 15 and older so 100% of this population is served.	CA proposes strategies: January 1, 2008 Strategies implemented: July 1, 2009
6. Implement multi-disciplinary staffings for youth six months before exit from foster care.	KF C II 10.4.1 (originally 10.1.2) Action Step 6(c)(4) in Settlement Additional Panel language: At least 6 months prior to cessation of a child's state benefits for financial, health, or other foster care related services, a multi-disciplinary staffing shall occur. The following topics will be addressed and a written plan recorded in the ISSP: assistance to help the child to maintain or obtain: housing, employment, and/or higher education, health insurance, health records, medical, dental, developmental, mental health and substance abuse services and medication; an established connection with a caring adult who has a long-term interest in the child's well being.
7. Offer support services to foster youth until age 21	Original KCF II 10.1.1 Action Step 6(c)(2) in Settlement
8. Propose statutory change to extend out-of-home care benefits to children through age 21	Original KCF II 10.1.1 Action Step 6(c)(3) in Settlement
9. Establish post-guardianship support program	Originally KCF II 21.1.3 Action Step 6(c)(5) in Settlement
10. Develop and implement regional resource centers for post-adoption kinship and post-guardianship families	Originally KCF II 10.3.3 Action Step 6(c)(6) in Settlement

GOAL 3: Reduce the number of adolescents on runaway status from foster care.

Outcome 1: Reduce the percentage of children who run from out-of-home care placements for the first time.

Benchmarks: A one-year baseline for FY 2005 will be established for the percentage of children who ran from out-of-home care placements during 2005 and from out-of-home care during their current episode in out-of-home care.

The percentage of children who ran from out-of-home care placements during their current episode in out-of-home care will decrease yearly from baseline FY 2005.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of youth who run from out-of-home placements for the first time	06/01/2006	08/01/2006
For FY 2006, percentage of youth will decrease by 20% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of youth will decrease by 35% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of youth will decrease by 50% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of youth will decrease by 65% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage of youth will decrease by 80% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 2: The percentage of children who run from out-of-home care placements multiple times will be reduced.

Benchmarks: A one-year baseline for FY 2005 will be established for the percentage of children who run from out-of-home care placements two or more times during their current episode in out-of-home care.

The percentage of children who run from out-of-home care placements two or more times during their current episode in out-of-home care will decrease yearly from baseline FY 2005.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of youth who run multiple times during current out-of-home episode of care	06/01/2006	08/01/2006
For FY 2006, percentage of youth will decrease by 20% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of youth will decrease by 30% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of youth will decrease by 50% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of youth will decrease by 65% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage of youth will decrease by 80% from baseline FY 2005	11/01/2010	02/01/2011

Outcome 3: Reduce the number of days on average that children are on runaway status.

Benchmarks: A one-year baseline for FY 2005 will be established for the average number of days (mean and median) for children who run from out-of-home care placements during their current episode in out-of-home care.

The average number of days (mean and median) for children who run from out-of-home care placements during their current episode in out-of-home care will decrease annually.

Benchmarks	CA Provides Data by No Later Than	Monitoring Report Date
For FY 2005, baseline set by Panel for percentage of days that children are on runaway status	06/01/2006	08/01/2006
For FY 2006, percentage of youth on runaway status will decrease by 20% from baseline FY 2005	11/01/2006	02/01/2007
For FY 2007, percentage of youth on runaway status will decrease by 35% from baseline FY 2005	11/01/2007	02/01/2008
For FY 2008, percentage of youth on runaway status will decrease by 50% from baseline FY 2005	11/01/2008	02/01/2009
For FY 2009, percentage of youth on run-away status will decrease by 65% from baseline FY 2005	11/01/2009	02/01/2010
For FY 2010, percentage of youth on runaway status will decrease by 80% from baseline FY 2005	11/01/2010	02/01/2011

Action Steps	Details and Deadlines
1. The Department shall follow procedures for children who are missing in care that are set forth in DSHS practices and procedure manual #2580. The policy shall be revised to include the following parameters: the social worker shall convene a meeting within three days of the child being reported missing with the purpose of strategizing the most effective means of locating the child and returning them to care. The meeting shall consist of the social worker and supervisor, and persons who know, care about, and may be able to help locate the child; this meeting shall be documented in the file. Weekly meetings are to be held by the social worker and supervisor regarding efforts to help locate the child; these meetings shall also be documented.	June 2006
2. The Department shall establish a toll free safe line that can be accessed by every child who runs from care.	December 31, 2006

3. The Department will maintain information on children in foster care who spend time in juvenile detention facilities and will annually compile information on the number of these children, their lengths of stay in detention facilities, and the reason for the hold. The CA will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements.	Report to Panel (June 1, 2008) Implement improvements (July 1, 2009)
4. The Department will review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents, and develop and implement strategies to decrease runaway behaviors.	(KFC II 19.3.2) by November 2004. Action Step 6(c)11 in Settlement Develop and implement strategies to decrease runaway behaviors in adolescents in out-of-home care a. Review WA data on nature and frequency of adolescent runaway behavior (10/04) b. Review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents (11/04) c. Develop strategies to decrease runaway behavior (4/05) d. CA Management reviews and approves specific strategies for piloting (5/05) e. Pilot selected strategies in at least 2 sites with highest incidence of runaway behavior (9/05) f. Evaluate pilots (12/05) g. Review and revise strategies based on evaluation of data (1/06) h. Begin implementation of strategies statewide (3/06) i. Complete implementation (3/07)
5. The Department will review policies and approaches recommended by national organizations such as the Child Welfare League and the National Center on Missing and Exploited Children regarding cross-system collaboration with law enforcement representatives concerning children missing from care.	June 1, 2006
6. The Department will negotiate written agreements with law enforcement agencies to work cooperatively to identify and promptly pick up foster care children who have run from their placement.	June 1, 2008

7. Complete implementation plan for 2003 legislation to increase educational stability of foster children (HB 1058). Complete and implement agreements with school districts, addressing transportation issues for children transferring schools upon placement or move between placements.	KCF II 15.3.1, 15.3.2, 15.3.3* (originally 15.1.4) Action Step 1(c)(5) in Settlement 15.3.1 In collaboration with partners, develop interagency working agreements between OSPI and CA to include protocols for effective information sharing and service planning for children in care a. Statewide MOU between OSPI and CA signed (07/04) b. Conduct statewide summit to bring together regions with local school districts to get acquainted, build awareness, plan for regional meetings, and outline steps that will lead to a MOU between DCFS and local school districts (10/04) c. Each region completes agreements with 3-6 local school districts and report to HQ including basic elements of statewide MOU and address specifics such as transportation issues for children changing placements or transferring to other schools (7/05) d. Complete protocols with 30% of school districts within two years (7/06) 15.3.2 In collaboration with OSPI and local schools conduct regional Educational Achievement Summits a. Regional representatives attend statewide summit and regional breakout groups begin to plan region summits (10/04) b. Regions develop collaborative planning workgroups with local districts (6/05) c. Develop training and communication plan for staff in region and local school districts (9/05) 15.3.3 Implement regional and statewide information and referral liaisons a. Regions identify Education leads (10/04) b. Provide regional and/or office contacts in local agreements (12/04) c. Establish protocols in local agreements (6/05) d. Communicate with staff regarding identified contracts and local agreements (6/05)

IV. PROFESSIONAL STANDARDS

This section is under development, and the entire document will be reissued soon with this section included.

V. BRAAM SETTLEMENT AREAS WITH STATUTORY DIRECTION

Significant portions of the Settlement are contained in Washington State law; this section summarizes relevant statutes that were enacted since 1987.

Foster Care Youth Services	1987 Chapter 503: Pilot project established to guide state in establishing comprehensive child and family services by 1990. Department will provide training and contract for a variety of supporting services to foster parents to reduce isolation and stress and to increase skills and confidence. The management information systems shall capture detailed information from the pilot regarding identified service needs by families, services families receive, and services not received because of unavailability. 1993 Chapter 505: Department shall consult with professionals to develop guidelines to identify all children likely to need long-term care or assistance, including children placed in foster care for two years or more. Identify children on caseload who meet criteria by January 1994. Develop comprehensive plan, ensure coordination of services, guidelines for transitional services. Revised foster care review board. Chapter 508 ✓ DSHS shall develop guidelines to identify all foster care children likely to need long-term care/assistance. Guidelines must consider criteria such as: placement in foster care for two or more years, multiple foster care placement, repeated unsuccessful effort to be placed with a permanent adoptive family, chronic behavioral or educational problems, repetitive criminal acts or offenses, failure to comply with court order disciplinary action, chronic physical, emotional, medical, mental, or other similar conditions necessitating long-term care or assistance. Department shall develop programs for adolescents that address educational, physical, emotional, mental, and medical needs, and incorporate an array of family support options. Programs must be ready by 1995. ✓ Determine all children currently within foster care who meet criteria; all children must be evaluated for identification of long-term needs within 30 days of placement. Assessment tools must be implemented statewide by 2001 with yearly reports to the Legislature. Each region must make appropriate number of referrals to the Foster Care Assessment Project to ensure that services are used to the extended funded. Department shall report on number of referrals by region. If insufficient number of referrals occurs, the Department shall include an explanation of action taken to ensure referrals are adequate. ✓ Department is to study and develop a comprehensive plan for the evaluation and identification of all children and adolescents in need of long-term care or assistance, including, but not limited to, the mentally ill, developmentally disabled, medically fragile, seriously emotionally or behaviorally disabled, and physically impaired. ✓ Study and develop a plan for children and adolescents in need of long-term care or assistance to ensure the coordination of series between the Department's divisions and between other state agencies involved with the adolescent. Study and develop guidelines for transitional services based on the person's age, mental, physical, emotional, or medical condition.

Note: Some legislation covers more than one area; for brevity, they are listed only once.
Braam Oversight Panel, January 2006

	2000 Chapter 232: Requirements expanded for evaluating children in foster care within 30 days of placement; required Department to report to Legislature on evaluation tools, number of children in evaluation, findings of need, role of services in matching need, etc. Report to the Legislature in 2000. Chapter 88: Department required to prepare passport for foster care youth that contains physical, mental health, and educational status and give to foster parent for foster children in home for 90 consecutive days or more. 2001 Chapter 255: pilot project extended for standardized assessment of foster children through 8/01, and report to the Legislature in 9/01. Statewide implementation to be complete by 12/01. Reports to Legislature on 12/04 and 12/06. Assessment instrument is to be used in making out-of-home placement decisions for children. 2003 Chapter 207: Requirement eliminated for DSHS to provide annual reports on risk assessment of abuse and neglect, accreditation, assessment of foster care children, baseline measures of foster parent retention, and stability. Chapter 89: Department shall maintain a record of all children in foster care who use psychiatric medications. Department directed to submit report on medication information for children in out-of-home care by December 2000.
Foster Care Placement	1990 Chapter 284: "To provide stability for children in out-of-home care, placement selection shall be made with a view toward the fewest possible placements for each child. If possible, the initial placement shall be viewed as the only placement for the child." 1993 Chapter 312: Youth in temporary out-of-home placement Crisis Residential Centers cannot stay more than five days (they had been used as placements for some adolescents). 1995 Chapter 312: Detention group homes and detention foster homes not to be used for placement of dependent children. 2000 Operating Budget: Washington State Institute for Public Policy is directed to study placement decisions to determine if there are adequate placements for children coming into care.
Foster Parent Role and Training	1987 Chapter 503: Training services provided to foster parents to reduce isolation, stress, and increase skills and confidence. 1990 Chapter 284 ✓ Foster parents are an integral part of foster care team and shall participate in development of service plan, assist in family visitation, and model effective parenting behavior for the natural family. Special recruitment effort. Five-day notification if placement is to be changed. Department shall develop training that focuses on skills to assist foster parents in caring for emotionally, mentally, or physically handicapped children. Respite care program shall be designed to minimize disruptions to child and serve foster parents.

	✓ Department shall develop statewide program to manage health services for foster youth including (a) health screening, supervision, and continuity of care; (b) developmental screening; (c) illness and emergency care; and (d) child-centered management. 1997 Chapter 272 ✓ Required that the court allow foster parents to attend court proceedings, and the state must provide all known information about the child (passports). Foster parent liaison positions shall be provided (within available resources). ✓ The Department shall increase number of adoptive and foster families. Department shall share information about child and child's family with care provider and consult with care provider regarding the child's care plan. The Department shall keep the care provider informed regarding the dates and location of dependency review and permanency planning hearings. ✓ Foster parent liaison provided in each region. Contracts for this work must require that the contractor substantially reduce the turnover rate of foster parents by agreed upon percentage. Department shall evaluate whether contracted organization has reduced the turnover rate by the agreed upon amount when determining whether to extend or renew a contract. ✓ DSHS will provide services to foster parents within available resources. Provided funding for foster parent liaisons, foster and adoptive parent recruitment, and foster parent training. Required DSHS provide passports for any child who has been in care for more than 90 days (within available funds). Required DSHS to share information about the child and the child's family with the out-of-home care provider, and also consult with the care provider regarding the child's case plan (within available funds). 2001 Chapter 318: Foster parents have right to be free of coercion, discrimination, and reprisal in serving foster children, including the right to voice grievances about treatment furnished or not furnished to the foster child. Clause regarding "within available resources" removed from requirement that Department share information about child in care with foster parents. 2002 Chapter 52: Good relationship between foster parents and birth parents, when appropriate, can increase placement stability. 2004 Chapter 181: Foster parents who believe retaliation or discrimination has occurred may file complaint with the Ombudsman office; Ombudsman shall cover topic in annual report.

Health and Safety	1990 Chapter 284: Regular on-site monitoring of foster homes shall be established to assure quality care, shall be done on random sample basis of no less than ten percent of the total licensed family foster homes licensed on July 1 of each year. 2004 Chapter 40: Policy set to protect health and well-being of both infants in foster care and families providing for their care.
Relative Care Preference	1988 Chapters 189: Advisory group established regarding relative placement. Preference given to placing children with relatives unless it affects safety or prospects for reunification. Allowed placement without requiring background checks. 2002 Chapter 227: Siblings together in foster care when possible. 2003 Chapter 284: Kinship Care Oversight Committee created to expand and support kinship care. Established standardized searching procedures for kin prior to out-of-home placement, active search procedures; when Department chooses not to place child with kin, document reasons. Department shall apply for grant to fund pilot projects for kin caregivers.
Independent Living	1995/1997 SB 5520: Independent living allowed as a permanency planning option for juveniles 16 and older. Prohibited the Department from discharging the children to an independent living situation before the child's 18th birthday, unless the child was emancipated. 2001 Chapter 192: Department has authority to provide services to youth, including those 18 to 21 who are or have been in foster care, to enable them to complete high school or vocational school program.
Runaways	1994 Chapter 7: Toll-free hot line established for runaway children. 1999 Chapter 267: HOPE centers and Responsible Living Skills Program established, and 75 HOPE beds funded. Department directed to work with Department of Community, Trade and Economic Development to create plan for homeless families.
Educational Attainment/ Continuity	2003 Chapter 112: State policy set that whenever possible, children in foster care shall remain enrolled in school they were attending at time entered foster care. CA regions and school districts shall develop protocols to maximize educational continuity and achievement for foster children, including effective methods of sharing information. Established oversight committee to recruit school-based foster homes, monitor progress of pilot programs related to staying in same school, promoting best practices, informing Legislature. Department shall work with Administrative Office of the Courts to develop protocols to ensure educational stability is addressed in shelter care hearing.

Engaging Families	2004 Chapter 182: By engaging families, number of out-of-home placements can be reduced and children's problems reduced. The Legislature intends to encourage and support meaningful family involvement in decision-making.
Professional Accreditation	2001 Chapter 265: Found accreditation from an independent entity will improve outcomes for children. 2003 Chapter 207: Statewide completion goal of 2006 set.

SECTION VI. GLOSSARY

Active foster home: Child placed and remaining within substitute home for at least one week during the reporting six-month period or one day or more of respite care.

Adolescent: A child age 13 and older.

Baseline: The timeframe for the first measurement in benchmarks. For most benchmarks, the baseline is FY 2005; July 1, 2004 through June 30, 2005.

Child/children's representative: An attorney, appointed by the court, for a child in a dependency proceeding pursuant to RCW 13.34.100, Guardian ad litem, court appointed Special Advocate/Guardian ad litem (CASA/GAL), or person appointed in lieu of a CASA/GAL.

Comprehensive mental health assessment: An intake evaluation, as defined in WAC 388-865-0420, may serve as a comprehensive mental health assessment for children in the class. Assessments describe symptoms, assign diagnosis, and are reviewed and revised as necessary. They focus on the child, family and the environment in which they live and address each child's individual physical, mental/emotional and developmental condition. Comprehensive assessments lead to appropriate services and supports when indicated and are coordinated with the child's full service plan. In addition, comprehensive mental health assessments of children involve families (including extended family members and other family support resources) in assessing child and family strengths and needs. Cultural, ethnic, linguistic, and other individual factors that influence the perception of child/family needs and their view of mental health care and services are described.

Cultural competence: A state of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural difference, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs.

Current out-of-home episode of care: Begins when child is removed from home and ends when the Department no longer has responsibility (due to family reunification, adoption, the child reaches majority, etc.). An episode may include multiple placement events.

EPSDT (Early and Periodic Screening, Diagnostic and Treatment Services): a federally mandated program that ensures all children from birth to 21 who are eligible for Medicaid will receive comprehensive well-child care, medical histories, physical exams, developmental assessments, laboratory screening and immunizations. Under EPSDT, screening services are provided at intervals that meet reasonable standards of practice. Children are to receive such other necessary health care, diagnostic services, treatment, and other measures necessary to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services, whether or not such services are covered under the State plan. (*Federal Medicaid law – 42 USC Section 1396D(R)*

Ethnic minority or racial/ethnic groups:

(1) African American

(2) An American Indian or Alaskan native, which includes:

(a) A person who is a member or considered to be a member of a federally recognized tribe;

(b) A person determined eligible to be found Indian by the Secretary of Interior; and

(c) An Eskimo, Aleut, or other Alaskan native.

(d) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or nonstatus Indian community from Canada.

(e) An unenrolled Indian, meaning a person considered Indian by a federally or nonfederally recognized Indian tribe or off-reservation Indian/Alaskan native community organization.

(3) Asian

(4) Pacific Islander

(5) Hispanic

Family decision meetings: Defined in RCW 74.13.630 as a family-focused intervention facilitated by dedicated professional staff designed to build and strengthen the natural caregiving system for the child. Family decision meetings may include, but are not limited to, family group conferences, family mediation, family support meetings, or other professionally recognized interventions that include extended family and rely upon the family to make shared decisions about planning for its children. The purpose of the family decision meeting is to establish a plan that provides for the safety and permanency needs of the child.

Foster homes for purposes of recruitment benchmark: Substitute care homes that have completed training and have received at least one child who remains at least one week during the reporting six-month period.

Health and education plans: plans to meet a child's health care and education needs. Such plans address a child's physical health, mental health (including substance use and abuse issues), developmental, educational, and cultural needs. Documented health and education plans identify services to be provided and responsibilities for follow-up care. They are included in each child's ISSP within 60 days of placement and are updated every six months in accordance with the Department's six-month administrative review process.

Intake evaluation: as defined in WAC 388-865-0420, may serve as a comprehensive mental health assessment for children in the class. In addition, comprehensive mental health assessments of children involve families (including extended family members and other family support resources) in assessing child and family strengths and needs. Cultural, ethnic, linguistic, and other individual factors that influence the perception of child/family needs and their view of mental health care and services are described. Comprehensive mental health assessments focus on the child, family, and the environment in which they live and are appropriate to each child's physical, mental/emotional, and developmental condition. Assessments describe symptoms, assign diagnosis, and are reviewed and revised as necessary. Comprehensive assessments lead to appropriate services and supports when indicated and are coordinated with the child's full service plan.

Medically fragile child means a child who lacks physical or emotional strength and requires frequent medical attention from personnel outside the facility or agency.

Mental health: In the mental health section, the term *mental health* encompasses services that support achievement of each individual child's well-being. Thus while *mental health* focuses on a child's emotional needs, it also includes attention to physical, developmental, behavioral, educational, and substance use services as needed by individual children to achieve well-being.

Mental health professional:

1) A psychiatrist, psychologist, psychiatric nurse, or social worker as defined in RCW 71.05 and 71.34;
2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
4) A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
5) A person who has been granted a time-limited exception to the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

Within the definition above are the following:

- **Psychiatrist**: A person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- **Psychologist**: A person who has been licensed as a psychologist pursuant to chapter RCW 18.83.

Mental health specialist:

1) A "child mental health specialist" is defined as a mental health professional with the following education and experience:
    a) A minimum of 100 actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and
    b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Multi-disciplinary staffings have the same meaning as RCW 13.32A.030 except the meeting shall be oriented around foster care youth; similar to a Shared Planning Meeting.

Physical and mental health screening: Involves initial and periodic screening to detect a child's physical health and behavioral health service needs. Screening may occur within 72 hours of entering care, as part of the CHET screen, during annual EPSDT exams, or when needed as indicated by a child's condition or symptoms.

Physically assaultive youth (PAY): Person with a history of being assaultive or has demonstrated a pattern of assaultive behavior.

Relative:

1) Persons related to the child, expectant mother, or person with developmental disability in the following ways:
    a) Any blood relative, including those with half-blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;
    b) Stepfather, stepmother, stepbrother, and stepsister;
    c) A person who legally adopts a child or the child's parent, as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
    d) Spouses of any persons named in (a), (b), or (c) of this subsection, even after the marriage is terminated; or
    e) Extended family members, as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, the person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a 24-hour basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4).

Retention: Substitute care homes that continue to receive children.

Sexually aggressive youth (SAY): Youth who have committed a sexually aggressive act or other violent act that is sexual in nature and (a) are in the care and custody of the state or a federally recognized Indian tribe located in the state or (b) are the subject of a proceeding under RCW 13.34 or a child welfare proceeding held before a tribal court located in the state.

Shared planning meeting: Meetings conducted by the Children's Administration to share information, plan, and inform decisions regarding the safety, permanency, and well-being of children, including a review of tasks and activities involved in each of these elements. Participants may include, but are not limited to:

- Parents
- Children (when appropriate according to the child's age and developmental capacity)
- Other family members and relatives
- Peers
- Members of other units within a local office
- Foster parents or other caregivers
- Tribes
- Local Indian Child Welfare Advisory Committee (LICWAC)
- DSHS staff from other administrators
- Community members/partners involved in the case
- Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL)
- Attorneys
- Others identified by the child/family

Sibling: A child's birth brother, birth sister, adoptive brother, adoptive sister, half-brother, half-sister, or as defined by the law or custom of the Indian child's tribe for an Indian child as defined in 25 U.S.C. Sec. 1903(4).

Special education and related services: federally mandated services and supports for children with special needs (birth through 21 years of age) who are eligible for such services under the Individuals with Disabilities Education Act (IDEA)

APPENDIX A. PLAINTIFFS' FIFTH AMENDMENT COMPLAINT

2.3 The Defendants violate the substantive due process rights of the children by the following actions, failures to act, and practices, among others. These actions, failures to act, and practices, among others, individually and collectively, substantially depart from accepted professional standards and practices and subject the children to danger, harm, and pain, and to the unreasonable risk of danger, harm, or pain, and deny adequate services to meet the basic needs of the children:

- The Defendants fail to provide adequate mental health assessments and treatment for children in the class.
- The Defendants fail to adequately train, inform, support, supervise, and oversee foster parents, and therefore fail to allow and require the foster parents to provide adequate care for children in the class;
- The Defendants fail to provide sufficient numbers of reasonably safe and adequate foster care placements, homes, and programs to protect the children in the class from harm and the unreasonable risk of harm;
- The Defendants fail to provide a sufficient number of adequately trained staff to visit and supervise foster homes and placements on a schedule that protects children in the class from harm and an unreasonable risk of harm;
- The Defendants place children in unsafe placements (DSHS offices, homes of sexual offenders, violent offenders and detention not pursuant to lawful court order, among other things);
- The Defendants unnecessarily and inappropriately separate children from their siblings and fail to provide an adequate number of homes to prevent unnecessary separation of siblings;
- The Defendants subject children in the class to unnecessary and avoidable foster care placement changes, unreasonably creating insecurity, mental and physical harm, lack of safety, educational disruption and an increased unreasonable risk of harm. These unnecessary and avoidable placements changes are proximately caused by the defendants' failures to provide adequate basic services and safety to children in the class as described above;
- The Defendants fail to provide reasonably safe and secure homes which result in children leaving foster care without an adequate education or independent living skills and forcing them into homelessness, thus subjecting the children to harm and an unreasonable risk of harm;
- The Defendants subject children in the class to harm and an unreasonable risk of harm by failing to search for children who run away from the state foster care system and allowing foster children to be homeless (or in other non-state sanctioned placements) to avoid having to provide services to children;

- The Defendants fail to regularly and frequently visit children in the class and as direct and proximate result fail to determine and provide for the special needs of children, fail to provide adequate support to foster parents, fail to prevent breakdowns in placements, fail to uncover unsafe and/or in appropriate placements; and
- When adolescent foster children run away from a foster care placement (because of the harsh conditions) DSHS does not actively search for those children and allows these children to be homeless or in another non-state sanctioned placement.

APPENDIX B. CHILDREN'S ADMINISTRATION PLACEMENT PROHIBITIONS MEMO

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, WA 98504-5000

November 10, 2004

TO: All Children's Administration Staff

FROM: Uma Ahluwalia
Assistant Secretary
Children's Administration

SUBJECT: PLACEMENT PROHIBITIONS

The safety and the well-being of all children are, and continue to be, our highest priorities. Safety in placement is always the goal of the Department and no child should ever knowingly be placed in an unsafe situation. This memo outlines placement prohibitions in addition to serving as an update to my memo of January 19, 2004, regarding placement best practices.

As you are aware, we have reached a proposed settlement in the *Braam v. State of Washington* lawsuit filed with the Whatcom County Superior Court. The parties agreed that the Department's Kids Come First Phase II (KCF II) plan would be modified to include the four placement prohibitions outlined below (KCF II: 4.1.6).

1 DSHS offices, including repeated daily stays at DSHS offices

2. Institutions not designed to receive foster children, such as adult mental hospitals or detoxification facilities where children and adults are commingled

3. A foster home without specialized training and support to provide for the safety of children in the home when children who have been identified as sexually aggressive or physically assaultive reside in the home

   (a) The social worker to make reasonable inquiry prior to placement regarding the child, other children in the placement setting, the foster family including other persons living in the home. Following this inquiry the social worker should assess whether or not a risk of harm might reasonably be expected from such a placement.

   (b) The social worker to assess the suitability of the foster parents/placement to address the needs of the particular child whose placement is being considered in that home. The foster parent must have appropriate training such as the Sexually Aggressive Youth (SAY) training by Foster Parent/Kinship Training Institute (FPKTI) or the Institute has approved the alternate training.

   (c) The social worker to make a reasonable inquiry to determine whether any individual residing in the foster home or facility has a history of being assaultive, or has demonstrated a pattern of assaultive behavior. If so, then the social worker shall not place the child in that home unless the social worker can clearly demonstrate why such placement is in the best interest of the child and there is a clearly articulated safety plan that has been agreed to by the foster parents/placement and reviewed and signed off by the supervisor and the DLR staff person, and implemented.

(d) That all placements of SAY and/or physically assaultive children must have a written supervision plan provided and discussed with foster parent.

4. Apartment or motels, unless an appropriate licensed foster family or relative caregiver is not available, and only with approval from the Regional Administrator and a determination that adequate supervision is provided for the child. This does not preclude appropriate placement in a licensed or approved independent living program.

These prohibitions are effective immediately under the terms agreed upon in the settlement for children in the custody of the Department.

In addition, I wanted to take this opportunity to reiterate the following from my previous memo:

Good placement outcomes include the following best practices:

Social Workers may not ***knowingly*** place a child in a placement or situation that places the child at risk of harm or where the child may create a risk of harm to other children in the home.

This requires:

Where a risk of harm has been assessed, the child may be placed in the home if the risk can be eliminated through a safety plan, placement may be made only after the safety plan has been agreed to by the foster parent, reviewed and approved by the supervisor and Licensed Resource staff person, and implemented.

At the Children's Administration, we remain committed to improving outcomes for children and families within the public child welfare system. This memo reaffirms our expectations and our commitment to placement practices that result in good outcomes for children. We will continue our efforts to strengthen practice in the field and support the important work that social workers and foster parents are providing to children and families.

I know that placing children is a complex process requiring a reasoned judgment that is based on an understanding of the individual child's needs. A major foundation of social work practice in the Children's Administration is "shared decision-making". I urge you to use the practices of shared decision-making and best practices to make placement decisions for children that ensure their safety and result in good outcomes for children. Again, if you have questions you should contact your supervisor for assistance.

Thank you for your continued efforts in working toward improving the lives of the children in our care.